

<b>Case Number:</b>	CM15-0010012		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female, who sustained an industrial injury on January 23, 1998. The mechanism of injury is unknown. The diagnoses have included chronic right shoulder pain/impingement syndrome, chronic neck pain and chronic left shoulder pain. Treatment to date has included diagnostic studies, surgery, injection to the shoulder, exercise and medications. Currently, the injured worker complains of persistent left shoulder and upper extremity pain as well as low back pain. She stated that her pain is a 6 on a 1-10 pain scale without medication and with medication it comes down to a 3 on the pain scale. She had a shoulder cortisone injection that really helped her with the pain. Her medications were also noted to be helpful by allowing her to exercise and take care of activities of daily living. On December 17, 2014, Utilization Review modified a request for Norco tablets 10/325 milligrams #360 to #90 tablets, noting the California Medical Treatment Utilization Schedule Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco tablets 10/325 milligrams #360.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg, take one tablet four times daily, quantity 360 tablets for chronic pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 56 year old female has complained of bilateral shoulder and neck pain since date of injury 1/23/98. She has been treated with surgery, steroid injection, physical therapy and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.