

<b>Case Number:</b>	CM15-0134660		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 52 year old male injured worker suffered an industrial injury on 6/05/2008. The diagnoses included cervical radiculopathy, thoracic sprain/strain, right shoulder labral tear and right elbow pain. The diagnostics included right shoulder magnetic resonance imaging and cervical magnetic resonance imaging. The treatment included medications, epidural steroid injections and right shoulder surgery. On 5/5/2015, the treating provider reported constant neck pain radiating to the right upper extremity with numbness and tingling, constant mid back pain, constant right shoulder pain and constant right elbow pain rated as 7/10. The pain level without medication was 8/10 and 5 to 6 with medications. There were no reported medication side effects. On exam there was reduced cervical range of motion with tenderness. The right shoulder had reduced range of motion with tenderness and spasms along with positive impingement signs. There was tenderness and spasms of the thoracic spine. The medical records indicated that urine drug screens had been performed over the past year but the results were not included. The injured worker had not returned to work. The requested treatments included Norco 10/325mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant neck pain radiating to the right upper extremity with numbness and tingling, constant mid back pain, constant right shoulder pain and constant right elbow pain rated as 7/10. The pain level without medication was 8/10 and 5 to 6 with medications. There were no reported medication side effects. On exam there was reduced cervical range of motion with tenderness. The right shoulder had reduced range of motion with tenderness and spasms along with positive impingement signs. There was tenderness and spasms of the thoracic spine. The medical records indicated that urine drug screens had been performed over the past year but the results were not included. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #120 is not medically necessary.