

<b>Case Number:</b>	CM15-0142383		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 injured worker (IW) is a 53-year-old male who sustained an industrial injury on 03-01-2010. He was standing on a 12-foot ladder when a five gallon of pain fell from a top shelf. He tried to catch the bucket with right upper extremity. His arm ended up between the ladder and shelves, pulling on the upper extremity. He reported acute pain to the right shoulder and right to left hand pain. The injured worker was diagnosed as having: a labral and rotator cuff tear. After the initial injury, the worker had a myocardial infarction 07-21-2011 with placement of stents 07-21-2011, and additional stents 07-22-2011 and 07-24-2011. Treatment to date has included medications for pain. Currently, the injured worker has diagnoses of: Acute pain. Contracture of palmar fascia. Chronic pain. The worker complains of limited grip, a sensation of swelling, and a tingling sensation in the 3, 4, and 5th (50 percent chance of elbow increases sensitivity). His pain is described as mostly achy, occasionally sharp. He has bilateral loss of strength. On exam, the worker is noted to have % plus motor exam on the bilateral upper and lower extremities, intact sensation in both upper and lower extremity, and reflexes that were normal in the upper and lower extremities. His medications include Norco, Gabapentin, Lisinopril, Atorvastatin, Aspirin, and Insulin. Treatment plan has included Norco and ibuprofen for greater than one year. A request for authorization was made for the following: Norco 5/325mg, unknown amount to be dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, unknown amount to be dispensed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 5/325mg, unknown amount to be dispensed, 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 limited grip, a sensation of swelling, and a tingling sensation in the 3, 4, and 5th (50 percent chance of elbow increases sensitivity). His pain is described as mostly achy, occasionally sharp. He has bilateral loss of strength. On exam, the worker is noted to have % plus motor exam on the bilateral upper and lower extremities, intact. 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. Sensation in both upper and lower extremity, and reflexes that was normal in the upper and lower extremities. The criteria noted above not having been met, Norco 5/325mg, unknown amount to be dispensed is not medically necessary.