

<b>Case Number:</b>	CM15-0149208		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/24/2000
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 is a 61-year-old male, who sustained an industrial injury on 4-24-00. The injured worker has complaints of right shoulder pain. The documentation noted that the injured workers initial accident was in 1996 and he underwent a rotator cuff repair. The documentation noted his shoulder range of motion is limited on the eight and he has obvious crepitus of the glenohumeral joint with passive motion. The documentation noted that the injured worker has had to his left lower extremity and underwent multiple surgeries including fixator placement and left below-knee amputation. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included injections; MS contin; norco; physical therapy; right shoulder magnetic resonance imaging (MRI) showed severe glenohumeral arthritic changes and some mild superior migration of the head itself, the biceps tendon appears to be medially subluxed and X-rays reveal significant deformity of the humeral head with osteophytic changes along the inferior border of the humeral head as well as along the glenoid. The request was for norco 10-325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain or function except for vague subjective claims. Patient has noted side effects such as lethargy from medications. There is no documentation of long-term plan concerning opioid therapy with no noted plan for weaning documented. Documentation fails to support prescription for Norco. Norco is not medically necessary.