

<b>Case Number:</b>	CM15-0161846		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 1, 2009. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for Norco (hydrocodone-acetaminophen). The claims administrator referenced letters dated March 4, 2015, February 4, 2015 and January 6, 2015 in its determination, along with an office visit dated August 6, 2014. The applicant's attorney subsequently appealed. On March 3, 2015, the attending provider appealed previously denied Norco, noting that ongoing use of the same diminished the applicant's pain scores from 9/10 without medications to 5/10 with medications. The attending provider contended that the applicant's ability to perform unspecified activities of daily living was ameliorated as a result of ongoing medication consumption. The attending provider suggested (but did not clearly state) that the applicant was working. The attending provider contended that Norco was facilitating performance of home exercises and facilitating return to work. On January 6, 2015, the attending provider contended that the claimant was working without restrictions, despite ongoing complaints of shoulder pain. 5/10 pain with medications versus 8/10 pain without medications was reported. The appeal letter was highly templated but did seemingly suggest that the claimant was: (a) both working and; (b) deriving appropriate analgesia as a result of ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 2.5/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Yes, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider's appeal letter did seemingly suggest that the claimant was working and also suggested that the claimant was deriving appropriate reduction in pain scores from 8-9/10 without medications to 5/10 with medications. The attending provider contended that applicant's ability to work and/or perform home exercises had been ameliorated as a result of ongoing medication consumption, including Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.