

<b>Case Number:</b>	CM15-0166947		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York, Tennessee  
 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 47-year-old male who sustained an industrial injury on 1-20-15. In a progress report dated 8-10-15, the primary treating physician notes neck and bilateral shoulder pain with radiating symptoms down both arms. Numbness and tingling of the first two digits of the left hand are noted. An MRI of the cervical spine showed some left sided foraminal narrowing at the C5-C6 level. Diagnoses are right shoulder pain- right shoulder MRI 2-2015 showed a posterior labral tear but an intact rotator cuff, left shoulder pain- left shoulder MRI showed extensive tendinosis of the supraspinatus muscle due to chronic impingement with multiple partial thickness tears. He is noted to have significant relief of pain levels and improvement in function with Norco. It takes the pain from 10 out of 10 to 2-3 out of 10. Electromyography-nerve conduction study for the right upper extremity is scheduled and a second opinion orthopedic consultation is pending scheduling. The treatment plan also includes six sessions of physical therapy and a urine drug screen. Work status is with no repetitive use of the bilateral shoulders, no reaching overhead and no lifting over 10 pounds. The requested treatment is a retrospective request for Norco 5-325mg #60 (date of service of 8-10-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 5/325mg #60 (DOS: 08/10/2015): Upheld**

**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): Acetaminophen, Opioids, criteria for use.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least March 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary. The request should not be authorized.