

<b>Case Number:</b>	CM15-0168802		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old female with an industrial injury dated 04-25-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, cervical disc pathology, and impingement syndrome status post SAD (sub-acromial decompression) with Mumford myofascial strain. Treatment consisted of Electromyography (EMG) & nerve conduction studies (NCS) of left upper extremity on 02-10-2013, Magnetic Resonance Imaging (MRI) of left shoulder on 04-16-2013, prescribed medications, and periodic follow up visits. Medical records indicate chronic neck pain and left upper extremity pain. According to the most recent progress note dated 04-27-2015, the injured worker reported continued neck pain. The injured worker rated current neck pain a 5 out of 10 with medication, 4-5 at best and 8 at worst. The injured worker also reported slowly improving left shoulder pain. The injured worker rated left shoulder current pain a 4 out of 10 with medication, at best a 4-5, 8-9 at worst. Objective findings revealed improved cervical range of motion, moderate to severe paracervical spasms, and tenderness to palpitation at paracervicals, upper trapezius, lateral acromion and acromioclavicular joint (AC) joint. The treating physician reported no evidence for abuse or aberrant behaviors for medications and the weaning of Norco. Records indicate that the injured worker has been prescribed Norco at least since 09-24-2012. The treating physician prescribed Norco 10-325mg #30 for severe pain unrelieved by other prescribed meds, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** 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:** The claimant sustained a work injury in April 2012 and underwent left shoulder arthroscopic surgery with a subacromial decompression and labral debridement in June 2014. He is being treated for chronic neck and left upper extremity pain. He is retired. When seen, medications were providing a 50% decrease in pain with improved tolerance for household activities and allowing him to play with his grandchildren. Physical examination findings included decreased shoulder range of motion with mild to moderate shoulder and cervical and upper trapezius tenderness. Medications were continued. He had been unable to tolerate Ultracet and Norco has been weaned to the lowest effective dose. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activity tolerance and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.