

<b>Case Number:</b>	CM15-0180992		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Massachusetts

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 injured worker is a(n) 56 year old male, who sustained an industrial injury on 2-22-10. The injured worker was diagnosed as having discogenic cervical condition with disc disease from C2-C7, discogenic lumbar condition, right shoulder impingement syndrome and chronic pain. Medical records (4-21-15 through 7-20-15) indicated the injured worker is not working. The physical exam (5-29-15 through 7-20-15) revealed right shoulder abduction 120 degrees, tenderness along the cervical and lumbar paraspinal muscles, pain along the facets and pain with facet loading. Treatment to date has included post-op physical therapy x 24 sessions, a TENS unit and hot and cold wraps. Current medications include Celebrex, AcipHex, Tramadol, Gabapentin, Effexor and Norco (since at least 7-20-15). As of the PR2 dated 8-19-15, the injured worker reports persistent right shoulder pain despite having surgery in 7-2014. There is no documentation of current pain level or pain levels with and without medications. Objective findings include tenderness along the cervical and lumbar paraspinal muscles, pain along the facets and pain with facet loading. He has abduction about 160 degrees and full strength; however has pain that shoots along the rotator cuff and bicep tendon. The treating physician reduced the amount of Norco dispensed from 120 tablets to 90 tablets. The treating physician requested Norco 10-325mg #90.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. There is no reported VAS score and no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids Norco 10/325mg is not medically necessary at this time.