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| <b>Case Number:</b>   | CM15-0181872 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 11/13/2003 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2015 |

### 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 44 year old male, who sustained an industrial injury on November 13, 2003, incurring right shoulder, neck and spine injuries. He was diagnosed with cervical radiculopathy, cervical disc disease, right shoulder sprain, right sacroiliitis and bilateral knee pain. He underwent a surgical right shoulder subacromial decompression. Treatment included pain medications, shoulder steroid injections, lumbar facet injections, lumbar epidural steroid injection, and physical therapy and activity restrictions. Currently, the injured worker complained of persistent right shoulder and right upper extremity pain rated 6 out of 10 on a pain scale from 1 to 10. He noted increased pain, spasms and stiffness on the right side of his neck radiating into the shoulder. Repetitive activity and heavy lifting aggravated the pain. On January 26, 2015, a cervical Magnetic Resonance Imaging revealed spondylosis and x-rays of the lumbar spine revealed degenerative changes and foraminal stenosis. X-ray of the right shoulder revealed degenerative changes. The injured worker complained of insomnia secondary to the persistent chronic pain. The treatment plan that was requested for authorization on September 15, 2015, included a prescription for Norco 10-325mg #75. On August 20, 2015, a request for a prescription for Norco was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg by mouth every eight hours as needed quantity 75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for right shoulder and right upper extremity pain. He has a history of a subacromial decompression done in July 2007. When seen, pain was rated at 6/10. Medications are referenced as helping with pain and allowing him to slightly increase his activity level. Physical examination findings included cervical facet joint tenderness. There was right shoulder tenderness with decreased range of motion and strength. There were right shoulder spasms. Norco 10/325 mg #75 was prescribed. In April 2015 he had pain rated at 8/10. At that time, Norco 10/325 mg #80 was being prescribed. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued weaning was not being actively done and when a higher quantity had been prescribed his pain level was greater than at the current, lower average daily dose. Continued prescribing is not medically necessary.