

<b>Case Number:</b>	CM15-0185032		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 54-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 19, 2011. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form seemingly dated August 20, 2015, somewhat blurred as results of repetitive photocopying, Norco and Naprosyn were seemingly endorsed. On September 17, 2015, the applicant reported ongoing complaints of neck pain radiating to the left arm, highly variable, 7 to 9/10. Norco, Naprosyn, and Desyrel were endorsed. The applicant was not working, it was acknowledged. The applicant had undergone multiple prior (unsuccessful) shoulder surgeries, it was reported. The attending provider acknowledged that the applicant was using nine tablets of Norco daily as of this point. The attending provider stated that the applicant's pain complaints were worsened as a result of activities in one section of the note, but then stated that the applicant's pain scores were decreased by 50% as a result of ongoing medication consumption in another section of the note. The treating provider stated that the applicant was caring for his children and walking on a daily basis, but did not elaborate or quantify the extent of the same. On March 19, 2014, the applicant again reported 6 to 9/10 shoulder pain complaints. Once again, it was acknowledged that the applicant was not working. The applicant was using eight to nine tablets of Norco daily, it was suggested on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg - Acetaminophen 325mg 1 tab po every 2-3 hours PRN #270:** 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.

**Decision rationale:** No, the request for Norco (Hydrocodone 10mg - Acetaminophen 325mg), a short-acting opioid, was not medically necessary, medically appropriate, or 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, however, the applicant was off of work, it was reported on multiple office visits, referenced above, including September 17, 2015, despite ongoing usage of Norco at a rate of nine tablets daily. While the treating provider stated in one section of the note that the applicant's pain scores were reduced from 50% as a result of Norco consumption, the reports were, however, outweighed by the applicant's failure to return to the work and attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.