

<b>Case Number:</b>	CM15-0199741		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/20/2005
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

This 62 year old female sustained an industrial injury on 4-20-05. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder pain. Previous treatment included right shoulder replacement (2012), left rotator cuff repair (2006), left shoulder arthroscopy (2008), physical therapy and medications. In a PR-2 dated 3-24-15, the injured worker complained of bilateral shoulder pain rated 9.5 out of 10 on the visual analog scale without medications. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature and trapezius with range of motion: flexion and extension at 35 degrees, right shoulder with tenderness to palpation, range of motion: flexion 135 degrees, extension 25 degrees and abduction 135 degrees and positive Hawkin's test and left shoulder range of motion: flexion 160 degrees, extension 30 degrees and abduction 120 degrees. The treatment plan included continuing Norco and Flexeril. In Pr-2's dated 3-24-15, 4-21-15, 5-19-15, 6-17-15 and 8-12-15, the injured worker rated her pain 8 to 9.5 out of 10 on the visual analog scale without medications. In a Pr-2 dated 9-9-15, the injured worker complained of bilateral shoulder pain, rated 8 out of 10 on the visual analog scale without medications. Physical exam was unchanged. The physician noted that medications continued to provide the injured worker with great pain relief. The injured worker had trial tapering of medications in the past but was unable to decrease further due to worsening pain. The injured worker had been prescribed Norco and Flexeril since at least 2013. The treatment plan included continuing Norco and Flexeril. On 9-23-15, Utilization Review noncertified a request for Norco 10-325mg #100.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use, Weaning of Medications.

**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 of 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 October 2013 and has not obtained analgesia. In addition there is documentation that the patient is to be weaned from Norco. Prescription was for 120 tablets for one month in January 2015 and 100 tablets for one month in October 2015. Slow taper is recommended at decreasing dose by 10% every 2-4 weeks. The decrease in dosage is not consistent with recommended weaning process. The request is not medically necessary.