

<b>Case Number:</b>	CM15-0203525		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 65 year old male patient, who sustained an industrial injury on 10-13-2008. The diagnoses include history of left shoulder arthroscopy with limited range of motion (ROM), myofascial pain persisting, cervical sprain-strain with spondylosis, lumbar sprain-strain with lumbar degenerative joint disease, history of laceration to the left ear, laceration of the dorsum of the left hand with persistent swelling and chronic tendinitis residual left wrist, cervicogenic headaches, trigger finger, and history of nonindustrial hypertension and diabetes. Per the doctor's note dated 10-12-2015, he had complaints of constant left shoulder pain, inability to raise arm at or above shoulder height. Per the doctor's note dated 9-10-2015, he had complaints of ongoing constant left shoulder pain, inability to raise arm at or above shoulder height or sleep on his shoulder, ongoing back pain that radiated to the left leg, painful swelling on the dorsum of the left wrist with limited ability to grip and grasp, rating his pain as 8 out of 10, at best a 4 out of 10 with medications, and 10 out of 10 without, unchanged since the 8-13-2015 visit. The Primary Treating Physician's report dated 9-10-2015, he reported a 50% reduction in pain and functional improvement with activities of daily living (ADLs) with the medications. The physical examination revealed neck range limited in all plans with cervical compression, Valsalva, and Hoffman signs negative. The back examination revealed limited range with sensory loss to light touch, pinprick at left lateral calf and bottom of the foot. The left shoulder exam revealed limited range of motion (ROM) with left hand passive range painful. The medications list includes Norco and Mobic. Per the recent note dated 9/10/15 and 10/12/15, urine drug screens have been appropriate. However these urine drug screen reports were not specified in the records provided.

He has undergone left shoulder surgery on 11/6/2009. The treatment plan was noted to include a refill of Norco for pain, prescribed since at least 3-26-2015, and Mobic for inflammation. The request for authorization dated 9-15-2015, requested one prescription of Norco 10-325mg #120. The Utilization Review (UR) dated 9-25-2015, non-certified the request for one prescription of Norco 10-325mg #120.

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

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

#### **1 prescription of Norco 10/325mg #120: 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco contains hydrocodone and acetaminophen; Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to a lower potency opioid is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription of Norco 10/325mg #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.