

<b>Case Number:</b>	CM15-0020199		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 01/04/2011. On provider visit dated 04/23/2014 the injured worker has reported left shoulder, low back and right leg pain. On examination he was note to have pain with range of motion of neck and spasm with range of motion of cervical spine, left shoulder was noted to have a click which was noted that it could possibly be a bicipital groove subluxation of the tendon, left shoulder was also noted to have a pain and a decreased range of motion and tenderness was noted at subacromial area. Right hand was noted to have a decreased range of motion and tenderness at the radial styloid. Low back was noted to have tenderness over the lumbar spinous processes, interspinous ligaments and right sciatic notch. And paravertebral muscle spasm and a decrease of range of motion. The injured worker was noted to ambulate with assistance of cane. The diagnoses have included lumbar herniated disc, left shoulder subacromial impingement, cerebral concussion with cervical spine sprain, recovered right wrist sprain, contusion to head, left shoulder injury, lumbar sprain and contusion to low back. Treatment to date has included epidural injections, MRI, CT scan, electromyograms, and medication. On 01/20/2015 Utilization Review non-certified Norco 10/325 mg # 90. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 75-79.

**Decision rationale:** Per MTUS: Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxice, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002)This patient had chronic pain issues and should be weaned off this medication. It would not be indicated.