

<b>Case Number:</b>	CM15-0022236		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 3, 2012. In a Utilization Review report dated January 5, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on December 30, 2014 and an associated December 22, 2014 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On said December 22, 2014 office visit, it was acknowledged the applicant was not working three and half months removed from earlier left shoulder surgery. The applicant was reportedly using Naprosyn, Flexeril, and Norco, the treating provider acknowledged. The applicant was kept off of work, on total temporary disability, while Norco was renewed. The attending provider stated that the applicant's medications were effective and allowing the applicant to function, but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and 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, 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 placed off of work, on total temporary disability, on December 22, 2014 office visit at issue. While the treating provider stated the Norco was beneficial, the treating provider failed to outline quantifiable decrements in pain, or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.