

<b>Case Number:</b>	CM15-0025500		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: California, Indiana, New York  
 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 56 year old male, who sustained an industrial injury on 11/8/2010. Details of the initial injury were not submitted for this review. The diagnoses have included shoulder pain, disorders of bursa and tendon in shoulder region, lesion of ulnar nerve, and non-traumatic rupture of tendons of biceps, and status post left shoulder rotator cuff repair 2011. Treatment to date has included natural herbal remedies, anti-inflammatory, ice, exercises. Currently, the IW complains of left shoulder pain. Physical examination from 2/4/15 documented moderate Tinel's sign of left ulnar area, slight atrophy of left shoulder, and tenderness in left shoulder. The plan of care included continuation of medications as previously prescribed, start Transcutaneous Electrical Nerve Stimulation (TENS) home use unit, and a possible left shoulder cortisone injection. On 2/5/2015 Utilization Review modified certification for Norco 10/325mg #50 allowed for weaning purposes, noting the guidelines do not support chronic long term use. The MTUS Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg twice a day as needed #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325/10mg, two (2) times per day as needed, #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tablet b.i.d. PRN #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are pain in joint involving shoulder region; disorders of bursa and tendons and shoulder region; lesion of ulnar nerve; and nontraumatic rupture of biceps tendon (long head). A CURES report was present in the medical record that indicated the injured worker was taking Norco for at least one year. The medical record contained 29 pages. There was no risk assessment in the medical record. There were no detailed pain assessments in the medical record. There was no evidence of objective functional improvement in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, Norco 10/325 mg one b.i.d. PRN #100 is not medically necessary.