

<b>Case Number:</b>	CM15-0025874		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 43-year-old male who sustained a work related injury February 3, 2012, after a fall onto his right side, with pain to the right shoulder, upper back, neck, and right elbow. Past history includes diabetes mellitus type 2, hypertension, and hypercholesterolemia. He was treated with medication and physical therapy. An MRI dated April 4, 2012 (report present in medical record), revealed a SLAP tear and full thickness rotator cuff tear. According to a primary treating physician's report dated December 9, 2014, the injured worker presented with right shoulder and right lower back pain. Diagnoses included; chronic intractable right shoulder pain with MRI evidence of a full thickness tear of the supraspinatus tendon, marked tendinopathy of the supraspinatus tendon in the critical zone and a small SLAP tear; chronic intractable cervical pain with early degenerative disc disease C4-C5 and C5-C6 with a small paracentral disc herniation at C5-C6; chronic myofascial pain; right ankle sprain, not currently active and s/p right medial and lateral epicondylitis. Treatment plan included a prescription for Norco. According to utilization review dated January 20, 2015, the request for Norco 5/325mg #180 has been modified to Norco 5/325mg #120, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker (IW) has a chronic history of intractable right shoulder and cervical pain. The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The IW's records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, no abnormal behavior, and objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 As, which could include monthly intervals. The treating physician's note from January 20, 2015, indicated that the IW is now on full duty status, which is an indication that opioids may be continued if pain and function are improved. However, based on the possible follow up interval greater than one month for Norco 5/325 mg #180, the request is not medically necessary.