

<b>Case Number:</b>	CM15-0029302		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

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 injured worker is a 52-year-old female, who sustained an industrial injury on 2/11/2008. On 2/17/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #90. The treating provider has reported the injured worker complained of continuing neck, bilateral shoulder, back and knee pain. The injured worker is a four month status post right total knee replacement (9/3/14). The diagnoses have included right and left rotator cuff impingement, AC joint arthrosis, glenoid osteoarthritis, left labral tear. Treatment to date has included left shoulder MRI (1/8/10), H-Wave Trail, surgeries. On 1/16/15 Utilization Review MODIFIED Norco 10/325mg #90 to 1 prescription of #54 between 1/8/15 and 3/16/15. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Pages 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #90 is not medically necessary.