

<b>Case Number:</b>	CM15-0039125		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 59-year-old male, who sustained an industrial injury on 7/11/2011. He has reported injuries to bilateral shoulders as well as a hernia. The diagnoses have included multilevel lumbar disc disease with narrowing, annular fissure, compression, cervical facet arthropathy, neuroforaminal narrowing, and left shoulder small thickness tear of the anterior distal level with limited retraction. A complete list of the treatment to date was not included for this review. Currently, the IW complains of pain located in lumbar spine and bilateral shoulders associated with pain radiating to bilateral lower extremities. The physical examination on 1/23/15 documented tenderness over L4-5 and bilateral sacroiliac joint spaces. The shoulders had decreased flexion bilaterally with restricted abduction noted. There were bilateral positive Neer's sign and Hawkins' - Kennedy signs. The plan of care included evaluation by a pain management specialist for possible lumbar epidural injection, continuation of Norco, and a request for a shoulder joint steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco: Strength: 7.5/325mg Qty: 60 Refills: unspecified, taken by mouth, 1 tablet twice a day for pain as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 75-78, 88, 91 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus is not medically necessary.