

<b>Case Number:</b>	CM15-0039530		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/16/2004
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/18/2015
<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: 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 53-year-old [REDACTED] beneficiary who has filed a claim for reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of August 16, 2004. In a Utilization Review Report dated February 18, 2015, the claims administrator partially approved Norco, apparently for weaning purposes, while conditionally denying housekeeping services. The claims administrator referenced a February 2, 2015 progress note in its determination. The claims administrator also referenced historical Utilization Review progress notes which had suggested that the applicant discontinued Norco. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant did undergo a shoulder arthroscopy, Mumford and labral debridement procedure. On February 2, 2015, the applicant reported heightened multifocal pain complaints. The applicant was off of work, it was acknowledged. The applicant had apparently retired. Nexium, Compazine, OxyContin, Norco, and housekeeping services were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The request, in effect, represents a request for postoperative usage of Norco. MTUS 9792.23.b2 notes that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS during the postoperative physical medicine treatment period. Page 91 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant underwent shoulder surgery on February 5, 2015, i.e., in close temporal proximity to the Utilization Review Report. The applicant could reasonably or plausibly be expected to have pain in the moderate-to-severe range, i.e., pain complaints requiring analgesia with Norco on or around the date in question. The applicant was seemingly too soon removed from the date of surgery for any meaningful discussion on functional improvement to transpire. Continuing Norco, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.