

<b>Case Number:</b>	CM15-0045367		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/06/2006
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New Jersey

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 44 year old male, who sustained an industrial injury on 08/06/2006. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, laboratory testing, MRIs of the right shoulder (08/27/2007) and right elbow (12/17/2011), and right shoulder surgery. Currently, the injured worker complains of continued right shoulder pain with severity rating of 5/10 described as deep and aching with radiation into the right upper extremity. Current diagnoses include right shoulder capsulitis, chronic right shoulder pain, status post partial acromionectomy of the right shoulder with release coraco-acromial ligament, and insomnia. The treatment plan consisted of continued medications (refill of Norco), continued home exercise program, continued working, urine drug screen, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Weaning of Medications Page(s): 78, 80-81, 86-87,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it was reported that his medications (Norco, Flector, and baclofen) provide some relief of pain and help him to continue working, although there was no report found in the documentation detailing the level of pain with vs. without the Norco, specifically. Previous reviewers suggested a weaning off of the Norco over a couple months time, however, it is not reported in the documents if this was begun and if so if it was tolerated. At this point, the worker should have attempted to wean to the lowest effective dose and frequency and at least trial a weaning off of Norco if possible. Therefore, considering the above reasons, the Norco will be considered medically unnecessary. Weaning is recommended.