

<b>Case Number:</b>	CM15-0046984		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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(n) 58 year old male, who sustained an industrial injury on 6/4/09. He reported pain in the shoulders, left wrist and knees related to a fall. The injured worker was diagnosed as having cervical degenerative disc disease with myofascial strain, bilateral shoulder impingement, right knee chondromalacia and cervical radiculopathy. Treatment to date has included acupuncture, physical therapy, cortisone injections, lumbar epidural injections and pain medications. As of the PR2 dated 2/4/15, the injured worker reports 6-7/10 pain in the shoulders and 7/10 pain in the knees. He had a cortisone injections in the right shoulder on 6/11/14 which provided 50% pain relief for 3 days. He was recently in a motor vehicle accident on 10/4/14 and since then the pain has increased. The treating physician requested to continue Norco 5/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines state that patients on opioids should be monitored for pain relief, side effects, improved functioning, and occurrence of aberrant drug taking behaviors. Based on the clinical information provided, these criteria have not been monitored. Without evidence of functional improvement, continued opioid therapy is not recommended. The request for Norco 10/325 mg #20 is not medically appropriate and necessary.