

<b>Case Number:</b>	CM15-0050467		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, Illinois

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 58 year old female, who sustained an industrial injury on 03/10/2011. She has reported subsequent left shoulder and neck pain and was diagnosed with myofascial pain syndrome, tendonitis and impingement syndrome of the left shoulder and possible cervical radiculopathy. Treatment has included oral pain medication, rest, massage and the application of heat and ice. In a progress note dated 02/18/2015, the injured worker complained of left shoulder and neck pain. Objective findings were notable for tenderness of the left shoulder with spasm and slightly decreased range of motion. The physician noted that a request for Norco refill was being made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** 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 Opioid  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 03/10/2011. The medical records provided indicate the diagnosis of myofascial pain syndrome, tendonitis and impingement syndrome of the left shoulder and possible cervical radiculopathy. Treatment has included oral pain medication, rest, massage and the application of heat and ice. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #60. The MTUS recommends the use opioids as an optional treatment of moderate to severe pain for a short period of time. The MTUS recommends against using this group of drugs longer than 70 days for the treatment of chronic pain due to lack of evidence of benefit beyond this period. Additionally, the MTUS recommends discontinuation of opioids if there is no improvement in pain and function. The records indicate the worker has been using the medication since 2013 but there has been no overall improvement in pain and function. Therefore the request is not medically necessary.