

<b>Case Number:</b>	CM15-0054231		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 36-year-old male, who sustained an industrial injury on 03/18/2014. He has reported subsequent right shoulder/arm pain and was diagnosed with sprain/strain of unspecified site of the shoulder and upper arm. Treatment to date has included oral pain medication, physical therapy, a home exercise program, and application of ice. In a progress note dated 02/20/2015, the injured worker complained of exacerbation of right shoulder pain after exercising. Objective findings were notable for positive impingement sign of the right shoulder. A request for authorization of Norco refill was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the provider failed to note if the patient has had any functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #100 is not medically necessary.