

<b>Case Number:</b>	CM15-0055259		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<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: Florida

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 68-year-old male, who sustained an industrial injury on 3/19/03. He reported right shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, depression/anxiety due to chronic pain, and left phrenic nerve palsy. Treatment to date has included a steroid injection to the right shoulder in December 2014, cervical spine surgery at C5-6 in February 2005, and right shoulder surgical repair on 3/7/13 with prior surgeries in 2011, 2004, 2007, and 2008. A MRI from September 2008 revealed C3-4 disk/osteophyte complex with multilevel foraminal stenosis and solid fusion at C5-6. A MRI from July 2012 revealed bulging disks at C3-4 and C6-7. The injured worker was also status post carpal tunnel releases in December 2005 and February 2006 with residual symptoms. Electrodiagnostic studies from July 2010 were suggestive of right C6 radiculopathy. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for retrospective Norco 10/325mg #240 for the date of service 2/18/15. A physician's report noted the injured worker's pain level was 9 of 10 without medication and was 5 of 10 with medication. Norco was noted to provide pain relief for 8 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norco 10/325mg #240, DOS: 2/18/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this request is not considered medically necessary.