

<b>Case Number:</b>	CM15-0058303		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 76-year-old female, who sustained an industrial injury on 8/1/2011. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder pain. Treatment to date has included medications, surgery. The request is for Norco 5/325mg #90. The records indicate she has been utilizing Norco since at least 10/2014. The records indicate he also utilizes 3 Vicodin per day, along with Voltaren ER and Flexeril, which allows him to function at his current level. On 2/20/2015, he is seen for continued left shoulder pain after surgery. The treatment plan included: refilling medications and follow-up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Patient continues to complain of severe pain and documentation merely states subjective improvement in pain. There is no long-term plan documented and there is no appropriate documentation of monitoring. Norco is not medically necessary.