

<b>Case Number:</b>	CM14-0121858		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, ankle, neck, low back, mid back, and shoulder pain reportedly associated with an industrial injury of December 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated July 22, 2014, the claims administrator approved a request for four sessions of postoperative physical therapy, approved a request for Prilosec, and denied a request for Norco 10 mg #7 with two refills. The applicant's attorney subsequently appealed. In an August 7, 2012 Medical-legal Evaluation, the Medical-legal evaluator suggested that the applicant was not working as his employer was unable to accommodate previously endorsed limitations. On March 27, 2014, it was noted that the applicant was status post right shoulder surgery conducted on February 21, 2014. Medications, including Norco, were renewed. It was noted that the applicant was off of work, on total temporary disability, postoperatively. On May 8, 2014, the applicant was described as having completed 12 sessions of postoperative physical therapy for the shoulder. Shoulder pain, neck pain, and back pain were noted. Naproxen, Prilosec, and Norco were sought. The applicant was placed off of work, on total temporary disability. On June 19, 2014, the applicant was apparently given various medication refills. The applicant was placed off of work, on total temporary disability. The note was extremely difficult to follow. There was no explicit discussion of medication efficacy. On June 19, 2014, the applicant was given another prescription for Norco and again placed off of work, on total temporary disability. Again, there was no explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10 mg #7 with 2 refills:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.