

<b>Case Number:</b>	CM14-0081814		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 injured worker is a 39 year old male who sustained an injury on 06/16/08 while carrying heavy loads of bricks. He developed complaints of left shoulder pain and was noted to have had prior left shoulder subacromial decompression with debridement in 02/14. He was provided Norco for postoperative pain relief. Other procedures included L5 to S1 discectomy with partial corpectomy followed by anterior fusion with instrumentation in 08/11. He attended postoperative physical therapy for the left shoulder through 03/3/14 of 04/17/14 he continued to have tenderness over the left shoulder at the subacromial region and distal clavicle and rotator cuff. Physical examination noted limited range of motion in the left shoulder, with flexion limited to 110, and abduction limited to 95 degrees. He was recommended to continue with physical therapy at this visit and was referred to a neurologist for assessment, Norco 5/325 milligrams quantity sixty was continued at this visit. Follow up on 06/02/14 noted continuing complaints of pain in the cervical spine with tenderness to palpation on physical examination and decreased lordotic curvature with tenderness to palpation. He was recommended to continue with home exercise program and additional physical therapy for the left shoulder. Urine drug screen records from 06/05/14 were positive for Hydrocodone. The requested Norco 5/325 milligrams quantity sixty was denied by utilization review on 05/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker was utilizing Norco for postoperative pain following left shoulder procedures in 02/14. In review of postoperative clinical records there was no clear indication of any substantial pain relief for functional improvement obtained with this medication that would have supported its ongoing use. Per guidelines short acting narcotics such as Norco can be utilized to address moderate to severe musculoskeletal complaints. However guidelines recommend ongoing assessments establishing the efficacy of this class of medications in terms of pain relief and functional improvement. As this was not clearly identified in the clinical records provided for review this medication would not be supported as medically appropriate for ongoing use.