

<b>Case Number:</b>	CM14-0195287		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 patient is a 53 year old male who injured his neck and shoulder on 11/4/08 while at work. He has attempted a number of conservative measures including physical therapy, acupuncture, TENS and home exercise program with little success in relieving his chronic shoulder pain and cervical radiculopathy. Follow-up on 7/23/14 and 8/18/14 with pain management he continues to have shoulder pain which is worse during physical therapy and no noted improvement with treatment. On exam he has decreased shoulder range of motion. Treatment plan is to continue treatment with Norco, valium and Lyrica. Plan is to also refer him to a functional restoration program. There is no mention of side effects, urine drug screen or opioid counseling. Follow-up with pain management on 9/17/14 the patient reports ongoing 8/10 right shoulder pain for which he takes Norco four times daily as well as lyrica 75mg a day for neck pain and valium for muscle spasm. He is tolerating medications well and report no side effects. He also takes kteoprofen cream for topical use. On exam he has right shoulder tenderness with pain on range of motion and decrease right shoulder range of motion. Plan is to refer him to a functional restoration program and continue Norco for pain relief. He is counseled on side effects and undergoes a urine drug screen. According to follow-up with pain management on 10/10/14 the patient reports right shoulder, lower back, neck pain and radiating pain to the right upper extremity with numbness and tingling. On physical examination there is tenderness to palpation with painful range of motion to both shoulders, cervical and lumbar spine. Diagnoses include right shoulder rotator cuff injury, sprain/strain, internal derangement, cervical and lumbar sprain/strain and radiculopathy. Plan is to continue with physical therapy lumbar epidural steroid injection and continue with Norco 10/325mg four times daily for pain, lyrica 75mg for neuropathic pain and valium to help with sleep and muscle spasms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** 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, Criteria for use Page(s): 76-96.

**Decision rationale:** California MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as Norco. Subjective symptom reports have remained unchanged with no noted improvement in objective physical exam findings or functional capacity. Also there is no mention of UDS results, opioid contract, compliance or evaluation for abuse or dependence. Consequently continued use of Norco is not supported by the medical records and guidelines as being medically necessary.