

<b>Case Number:</b>	CM14-0211140		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 21, 2009. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for Norco, referencing progress notes of August 4, 2014, October 20, 2014, and November 24, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 4, 2014, the applicant was asked to continue Valium, Norco, and Voltaren while remaining off of work, on total temporary disability. 7-8/10 pain was reported. In a June 30, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of 8/10 shoulder pain. Norco, Valium, and Voltaren were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90 for right shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**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 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. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. Several handwritten progress notes, referenced above, further suggested that the applicant continued to report pain complaints in the 7-8/10 range, despite ongoing usage of the same. The attending provider's handwritten progress note did not outline any material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.