

<b>Case Number:</b>	CM14-0211816		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 06/14/2010. This patient receives treatment for chronic right shoulder pain. Additional medical diagnoses include cervicothoracic musculoligamentous sprain/strain, upper extremity radiculitis, cervical disc disease, and multilevel cervical facet joint disease. An MRI evaluation of the right shoulder showed degeneration and fraying of the labrum. The patient had right shoulder arthroscopic surgery on 03/20/2013 consisting of distal clavicle resection, decompression, and debridement. A lumbar MRI on 05/29/2014 shows multilevel degenerative disc disease. The patient is opioid dependent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck and lower back pain since 2010. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.