

<b>Case Number:</b>	CM14-0217643		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/18/2002
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 57 year-old male who was injured on June 18, 2002, while performing regular work duties. The injured worker has continued complaints of low back and right shoulder pain. On July 2, 2009, x-ray of the cervical spine reveals good position and alignment, status-post decompression and fusion from C4 through C7. A magnetic resonance imaging of the right shoulder was completed on October 6, 2014, which revealed a partial tear of the supraspinatus tendon. The medical records indicate the injured worker has been prescribed Norco prior to October 22, 2014, when at this time it is revealed the injured worker increased use of the medication to four (4) tablets daily. The records reflect that treatment for this injured worker has included surgery, physical therapy, medications, acupuncture, chiropractic treatment, and injections. The records indicate the injured worker has a significant reduction in pain with medications. The request for authorization is for one (1) prescription of Norco 10/325 mg, quantity #84 with one (1) refill. The primary diagnosis is cervico-brachial syndrome. On December 2, 2014, Utilization Review provided a modified certification of Norco 10/325 mg, quantity #84 with no refills, based on Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 84 count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 10/325 mg, 84 count with one refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has up to a 13 day supply at his last visit. This would not necessitate the need for one refill as the patient was to follow up in 5 weeks and Norco 84 count should last him 3 weeks. The MTUS Chronic Pain Guidelines recommend continuing opioids on the basis of functional improvement and improvement in pain. Pending the patient's functional improvement or improvement in pain additional Norco can be continued or discontinued. The request for Norco 10/325mg 84 count with one refill is not medically necessary.