

<b>Case Number:</b>	CM14-0219212		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old male who sustained an industrial injury reported on 12/19/2012. He has reported constant sharp pain in the bilateral shoulders, right > left, constant sharp pain in his neck, and constant, aching pain in the low back. The diagnoses have included full thickness right supraspinatus tear; multi-level cervical disc protrusion with multiple lumbar bulges; and anxiety/stress/depression. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; and medication management. The injured worker was noted to have been classified as temporarily totally disabled and off work. On 12/05/2014 Utilization Review non-certified, for medical necessity, the request for Norco 10/325mg #120, for the lack of clear goals proposed prior to the initiation of opioid treatment, noting the MTUS Guidelines, was cited. Progress notes, dated 9/11/2014, note the need for surgical intervention for the right shoulder, and injection therapy for the lumbar spine; a psychiatric examination was also noted requested and pain medication was continued ordered.

### 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 Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment they be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are full thickness right supraspinatus tear; multilevel cervical disc protrusion; multiple lumbar bulges; anxiety; stress; and depression. Subjectively, the injured worker complaints of constant sharp bilateral shoulder pain, neck pain and constant aching and lower back. Objectively, there is moderate tenderness and spasm in the cervical spine paraspinal muscle groups. Range of motion of the lumbar spine is decreased. The documentation indicates Norco 10/325 mg #120 with three refills was dispensed on July 17, 2014. This is the oldest progress note of the medical record and, as a result, it is unclear whether this is a refill or the start date. The documentation does not contain pain assessments, risk assessments or urine drug screens. The documentation does not contain evidence of objective functional improvement as it pertains to Norco. Consequently, absent clinical documentation to support the ongoing use of Norco with objective functional improvement, Norco 10/325 mg #120 is not medically necessary.