

<b>Case Number:</b>	CM15-0013197		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Emergency 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 (IW) is a 42 year old female who sustained an industrial injury on 02/29/2012. She has reported shoulder joint pain on the right, and headaches in the back of the head. Diagnoses include pain in joint of shoulder. Treatments to date include medications and physical therapy. A progress note from the treating provider dated 01/05/2015 indicates the examination showed tenderness and a tight muscle band on the right paravertebral muscles of the cervical spine, guarding of the right shoulder with restricted movements, apprehension test, and posterior stress test are negative and joint instability was ruled out. Tenderness is noted in the acromioclavicular joint and biceps groove. There is pain and spasm in the lateral shoulder. On 01/19/2015 Utilization Review modified a request for Norco 10/325mg quantity #60, to Norco 10/325mg quantity #30 noting the guidelines require monitoring of outcomes and adherence to a contract for drug use. The IW is given a 30 day supply in order to facilitate finding other treatment or to be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing opioids. The MTUS, Chronic Pain Opioids Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

**Decision rationale:** The requested Norco 10/325mg quantity 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has shoulder joint pain on the right, and headaches in the back of the head. The treating physician has documented tenderness and a tight muscle band on the right paravertebral muscles of the cervical spine, guarding of the right shoulder with restricted movements, apprehension test, and posterior stress test are negative and joint instability was ruled out. Tenderness is noted in the acromioclavicular joint and biceps groove. There is pain and spasm in the lateral shoulder. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg quantity 60 is not medically necessary.