

<b>Case Number:</b>	CM15-0129285		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 7/21/2011. Diagnoses include long term use meds NEC and pain in joint shoulder. Treatment to date has included diagnostics, cognitive behavioral therapy and medications including Norco, Capsaicin cream, Naproxen sodium, Edarbyclor and Kombiglyze. Per the Primary Treating Physician's Progress Report dated 4/23/2015, the injured worker reported chronic right shoulder pain rated as 5/10. He reported that since has been off Norco his function has declined. He also reported worsening depressive symptoms. Upon physical examination he was wearing a postoperative right shoulder sling. There was tenderness to palpation over the anterior and posterior shoulder joint and ranges of motion were decreased in the shoulder by 20% with flexion, abduction and external rotation and decreased by 30% with internal rotation and extension. The plan of care included medications and authorization was requested for Prozac 20mg #30 and Norco 10/325mg #60. 5/21/15 report notes that Norco is not helpful with pain, but he is able to continue his home exercise program. The same note later identifies that he is able to exercise better and perform ADLs with less pain. It notes an inconsistent UDS with positive fentanyl in addition to hydrocodone, but the provider suspects that it is a false positive since previous screens have been negative and there is no indication that he has received the medication from any other providers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is conflicting information with regard to functional improvement and pain relief (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.