

<b>Case Number:</b>	CM15-0179011		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 35-year-old male who sustained an industrial injury on August 9, 2010. Diagnoses have included right shoulder impingement with labral tear verified by MRI dated January 8, 2015, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Documented treatment includes an unspecified amount of physical therapy treatments and medication including Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, compound creams, and Norco. Medication treatment is stated as being helpful with pain control. Pain ratings with and without medication is not provided. A urine toxicology screen was performed June 29, 2015. The injured worker continues to complain of right shoulder pain made worse with pushing, pulling, and reaching overhead; and, low back and sacroiliac pain radiating down both legs, with numbness and tingling. This is made worse with twisting, bending and with applied pressure. On July 30, 2015 the physician noted right shoulder tenderness to touch, lumbar tenderness over muscles around his spine, decreased range of motion due to pain and stiffness, and bilateral straight leg raises positive at 20 degrees. They are pursuing surgery for his right shoulder labral tear. The treating physician's plan of care includes 120 Norco 10-325 mg which was denied on August 27, 2015. Current work status is temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone Bitartate, Acetaminophen) 10/325 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** Norco (Hydrocodone Bitartate, Acetaminophen) 10/325 mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant documentation of objective increase in function therefore the request for continued Norco is not medically necessary.