

<b>Case Number:</b>	CM15-0023888		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Internal Medicine, Rheumatology

### 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 55 year old male, who sustained an industrial injury on 10/04/2012. Diagnoses include bilateral shoulder internal derangement unspecified, sprain/strain neck, hypertension, unspecified and insomnia. Treatment to date has included medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 12/08/2014, the injured worker reported severe bilateral shoulder pain rated as 8/10. Physical examination of the bilateral shoulders revealed tenderness to the bicipital groove bilaterally and spasm noted in the deltoid, biceps, supraspinatus and infraspinatus with restricted range of motion bilaterally. The plan of care included consultations and medications and authorization was requested for Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablet 10/325mg #60 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 55 year old male has complained of bilateral shoulder pain and neck pain since date of injury 12/4/12. He has been treated with physical therapy and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.