

<b>Case Number:</b>	CM15-0064849		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 37 year old male, who sustained an industrial injury on 4/1/2011. He reported cumulative trauma. The injured worker was diagnosed as having Bankart lesion of the left shoulder. Diagnostics tests included urine drug screening, x-rays, magnetic resonance imaging, electrodiagnostic studies. Treatments include medications chiropractic care, transcutaneous electrical nerve stimulation unit and pool therapy. The request is for Norco tablets. The records indicate that he remained symptomatic after chiropractic care and use of transcutaneous electrical nerve stimulation. On 11/13/2014, he has complaint of left shoulder pain and instability. The record indicates a magnetic resonance imaging of the left shoulder shows a Bankart lesion. The treatment plan included: prescription for Norco, and Flexeril and request for urine toxicology screening. The records indicate he has been utilizing the following medications; Norco, trazodone, temazepam, Flexeril, Voltaren, Prilosec, Seroquel, Effexor, hydroxyzine, Nuvigil and clonazepam. The 10/20/2014 UDS was inconsistent with the absence of prescribed clozapem and trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #0 for DOS 1/19/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-9, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is utilizing multiple sedatives / psychiatric medications and opioids concurrently. The patient is also utilizing Nuvigil for the treatment of adverse sedative effects. The guidelines required UDS was inconsistent with negative test results for some prescribed medications. There is no documentation of other guidelines mandated compliance monitoring such as CURES data checks, documentation of the absence of aberrant behavior and positive objective indications of functional restoration. The criteria for retrospective use of Norco 10/325mg DOS 1/19/2015 was not met. Therefore, the requested treatment is not medically necessary.