

<b>Case Number:</b>	CM15-0066518		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male patient who sustained an industrial injury on 10/19/2009. A follow up visit dated 02/26/2015 reported present complaints of ongoing neck and shoulder girdle pain in his left shoulder area. He cannot sleep on his left shoulder, or lift his arm above or at shoulder height. He is asking to try some traction and manipulation that he finds relieving. He is retired and no longer working. He reports a 50 % reduction in his pain and 50 % functional improvement with activities of daily living while taking medications versus not taking them at all. The impression noted history of left shoulder arthroscopy with type II acromion and post- operative resonance imaging revealed no cuff tear; cervical strain/sprain with severe underlying spondylosis, chronic neck pain, cervicogenic headaches, and muscle spasms. Performed intermittent traction and manipulation to neck and reviewed exercises. The plan of care involved: resuming medication course, and maintain a narcotic contract. He is to follow up in 4 weeks. Another follow up chiropractic visit dated 12/30/2014 reported subjective complaint of ongoing neck and shoulder girdle pain with muscle spasm. He reports requiring medication regimen in order to be able to function with daily activities. There is no change in treating diagnoses. Manual traction noted performed, medications refilled to include: Mobic, Norco 10/325mg, Soma, and Dexilant. The plan of care involved continuing with home exercise program, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 10/19/2009. The medical records provided indicate the diagnosis of left shoulder arthroscopy with type II acromion and post- operative resonance imaging revealed no cuff tear; cervical strain/sprain with severe underlying spondylosis, chronic neck pain, cervicogenic headaches, and muscle spasms. Treatments have included manual traction, Mobic, Norco 10/325mg, Soma, and Dexilant. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120r. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the use of this medication predates 12/2014 without evidence of overall improvement. There is no objective documentation of functional improvement measures.