

<b>Case Number:</b>	CM15-0068118		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 50 year old male who sustained an industrial injury on 9/26/2011. His diagnoses, and/or impressions, include: shoulder region disease; myofascial pain syndrome; fibromyalgia; and long-term use of medications. A recent magnetic resonance imaging study of the left shoulder was stated to have been done. His treatments have included medication management. The progress notes of 3/9/2015 noted complaints of continued left arm pain, shoulder discomfort, and radiating left volar wrist ganglion cyst pain, significant even on medications. Also reported was increased stress from the recent passing of his son, his mother undergoing heart surgery, and his being off work. The physician's requests for treatments were noted to include Norco until he returned home from visiting his mother and a neurosurgeon consultation could be requested. A progress report dated April 8, 2015 indicates that the current medication reduces the patient's pain level to 2/10 and increases activity level. A urine drug screen is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no side effects, and the patient is noted to undergo monitoring. It is acknowledged, that the documentation of analgesic efficacy and objective functional improvement is rather sparse. However, a one-month prescription as requested here, should allow the requesting physician time to better document those items. In light of the above, the currently requested Norco is medically necessary.