

<b>Case Number:</b>	CM15-0074313		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, New York, California  
 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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of September 26, 2011. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a March 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of left shoulder pain. The applicant's pain was scored a 10/10 with medications in one section of the note. In another section of the note, it was stated that the applicant's pain scored a 2/10 with medications. Norco was renewed toward the bottom of the report. The applicant was placed off of work, on total temporary disability. An orthopedic shoulder surgery consultation was proposed. On March 9, 2015, the applicant was again given a refill of Norco. The applicant reported wrist and shoulder pain scored at 9/10 with medications. The applicant was off of work, it was acknowledged. The applicant reported derivative complaints of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple progress notes, referenced above. The applicant continued to report pain complaints as high as 9-10/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.