

<b>Case Number:</b>	CM15-0075721		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/28/1998
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 57 year old female who sustained an industrial injury on 04/28/1998. Current diagnoses include shoulder impingement syndrome right, chronic pain, fibromyalgia, occipital neuralgia, depression, cervical radiculopathy, and carpal tunnel syndrome bilaterally. Previous treatments included medication management, and home exercise program. Previous diagnostic studies include urine drug screening. Report dated 04/08/2015 noted that the injured worker presented with complaints that included bilateral shoulder pain. Pain level was 3 out of 10 (good day) and 10 out of 10 (bad day) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included renewing medication, and continue with home exercise program. Disputed treatments include Norco.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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 with increased ability to perform ADLs and pain reduction of 50%. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the previous utilization reviews had recommended tapering of opioid medication over the time frame from 1/2015 to 5/2015. This was not initiated by the ordering provider. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.