

<b>Case Number:</b>	CM15-0077489		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	09/02/2008
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 9/2/08. The injured worker has complaints of bilateral shoulder pain. The diagnoses have included left shoulder rotator cuff syndrome with tear. Treatment to date has included Norco; naproxen; omeprazole; left shoulder magnetic resonance imaging (MRI) was normal with typical age-related findings devoid of any acute pathology, partial thickness rotator cuff tear; left shoulder arthroscopy rotator cuff repair; injections and physical therapy. The request was for hydrocodone 10/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
 Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for at least several months. Response to medication was not adequate and required prior invasive procedures and the addition of NSAIDs. Long-term use is not recommended and continued use of Norco (Hydrocodone) is not medically necessary.