

<b>Case Number:</b>	CM15-0093825		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 58-year-old female who sustained an industrial injury on 11/28/2010. The injured worker was diagnosed with cervical sprain/strain with right upper extremity radiculitis, right knee sprain/strain with patellofemoral arthritis and internal derangement and trochanteric bursitis. The injured worker underwent right shoulder arthroscopy for rotator cuff repair, Mumford procedure in November 2011. Treatment to date includes diagnostic testing with recent left knee magnetic resonance imaging (MRI) in January 2015 and right shoulder and left knee X-rays in March 2015, surgery, physical therapy, steroid injections (latest right shoulder injections 4/9/2015), pool therapy, home exercise program and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker demonstrated one-week relief from recent right shoulder steroid injection from a pain level of 7-8/10 down to 4/10 and currently at 4-5/10. The duration of oral medication relief is approximately 4 hours with an average of pain level at 5/10. The examination of the right shoulder demonstrated tenderness to palpation at the subacromial and acromioclavicular with positive impingement and decreased range of motion. The examination of the left knee noted tenderness to palpation at the medial and lateral joint lines with flexion at 115 degrees and 0 degrees extension with positive McMurray's sign. The review is hand written and difficult to decipher. Current medications are listed as Norco 10/325mg. Treatment plan consists of option treatment for left knee including surgical consultation for arthroscopy, decrease Norco and switching to Tramadol if Norco not authorized, aqua therapy, home exercise program and the current request for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**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 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 several months. There was no indication of NSAID or Tylenol failure. The physician was considering changing to another opioid rather than trying first line medications. The request to continued Norco is not medically necessary.