

<b>Case Number:</b>	CM15-0095912		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/18/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 52 year old, female who sustained a work related injury on 9/2/11. The diagnoses have included chronic regional pain syndrome, severe frozen right shoulder and acute cervical strain. Treatments have included rest, oral medications, Lidoderm patches, pain cream/gel, 24 postoperative physical therapy sessions for right shoulder and right shoulder surgery in 6/2014. In the PR-2 dated 3/18/15, the injured worker complains of right shoulder pain. She had right shoulder surgery on 6/19/14. She states her right hand is cold. Upon physical examination, right hand is definitely cooler than left. She has 45 degrees right arm elevation. She abducts at 40 degrees. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Norco 10/325mg, #90 (DOS: 3/18/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 10/325mg #90 March 18, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe from the shoulder right; acute cervical strain; and acute lumbar strain. The orthopedic surgeon that repaired the right shoulder and performed the arthroscopy is prescribing Norco 10/325 mg. A second treating orthopedist, in a progress note dated January 27, 2015, is also prescribing Norco 10/325 mg. The documentation from the treating orthopedist (#1 [REDACTED]) does not provide documentation with VAS scores with objective functional improvement to support ongoing Norco 10/325 mg. The earliest progress note that shows Norco 10/325 mg is dated October 2014. This is the earliest progress note and not necessarily the start date for Norco. There is no documentation indicating objective functional improvement with ongoing Norco. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Additionally, the documentation appears to show 2 physicians prescribing Norco concurrently. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco 10//325 mg, risk assessments and detailed pain assessments with 2 physicians concurrently prescribing Norco, retrospective Norco 10/325mg #90 March 18, 2015 is not medically necessary.