

<b>Case Number:</b>	CM15-0099133		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: 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 (IW) is a 54-year-old male who sustained an industrial injury on 02/10/2014. Diagnoses include shoulder region disorder NEC, rotator cuff rupture and biceps tendon rupture. MRI of the right shoulder on 12/18/14 noted post-operative changes including probable evidence of prior biceps tenodesis and anatomic impingement related to acromioclavicular joint hypertrophy. Treatment to date has included medications, injections, shoulder surgery, home exercise program and physical therapy. According to the progress notes dated 4/3/15, the IW reported continued right shoulder pain, which had increased after picking up a laundry basket. He described the pain as burning and rated it 5/10 with medications. On examination, there was tenderness to the cervical spine. The right shoulder was noted to be atrophic, with tenderness and decreased/painful range of motion and resisted movement. The notes stated the IW had a good response to Norco; it reduced his pain and improved function. A request was made for Norco 10mg/325mg, #120, start on April 03, 2015, and end on May 02, 2015. (prescribed 04/03/15). A urine drug screen performed on February 4, 2015 is consistent. Notes identify no side effects from the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 MG/325 MG #120 Start on April 3, 2015 and on May 2, 2015 and Ba. (Prescribed 4/3/15):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco is medically necessary.