MAXIMUS Federal Services

| Case Number: | CM13-0033485 | | |
|---|---|---|---|
| Date Assigned: | 12/06/2013 | Date of Injury: | 04/03/2013 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 claimant is a 51-year-old female who sustained a work related injury on April 3, 2013. Clinical records indicate an injury to the left upper extremity and shoulder. Following a course of conservative care and positive MRI findings, surgical intervention was recommended in the form of an arthroscopy, rotator cuff repair with decompression and possible acromioclavicular joint resection. Clinical progress report of September 9, 2013 indicated need for the above mentioned procedure based on the claimant's failed conservative measures, imaging and physical examination findings. At present, there was request for postoperative prescription of Norco for pain management purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PRESCRIPTION OF NORCO 5/325MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, specific drug list..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain: Opioids -Criteria for Use Page(s): 78-80.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment Guidelines, the role of postoperative analgesics in this case would be supported. It is indicated that the employee is to

undergo surgical process in the shoulder in the form of a rotator cuff repair. The specific request for a prescription of Norco for postoperative pain relief in the immediate postoperative setting would appear medically necessary given the employee's current clinical picture and acute need of operative process.