

<b>Case Number:</b>	CM13-0035597		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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.

### 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 patient is a 35-year-old female who was injured in a work related accident on June 17, 2011. Clinical records for review in this case include orthopedic assessment from [REDACTED] from August 19, 2013, where he describes continued complaints of pain about the left shoulder status post a November 1, 2011 left shoulder arthroscopy, distal clavicle excision, and subacromial decompression. Postoperative treatment is noted to have included home exercises, physical therapy, acupuncture, and medication management. At present, there is noted to be tenderness to palpation, spasm, restriction range of motion, and 4/5 strength. Recommendations at that time were for continuation of Norco for medication purposes. There was no indication of benefit from the agent, which has now been utilized in the chronic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, continuation of narcotic analgesics in this case in the form of Norco would not be supported. Discontinuation of opioids should commence if there

is no overall improvement in function. Records in this case demonstrate no demonstration of functional benefit with usage of the agent or significant change in the claimant's clinical course over the past year since the time of 2011 surgical procedure. The continuation of this agent at present, which is currently being utilized apparently on a once a day dose, would not be indicated.