

<b>Case Number:</b>	CM13-0041053		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 has a history of a work injury occurring on 07/10/12 when, while working as a truck driver, she slipped on oil falling backwards onto concrete with injuries including to the low back and right shoulder. Treatments included chiropractic care, physical therapy, and medications. She underwent right arthroscopic shoulder surgery in May 2013. After her shoulder surgery she had physical therapy for four weeks and then eight weeks of pool therapy. She was seen on 02/20/14. She had not been able to return to work. Physical examination findings included normal shoulder range of motion and strength with negative impingement testing. She was determined to be at maximum medical improvement. She was seen by the requesting provider on 06/06/13. She was doing well after her arthroscopic surgery. On 08/01/13 she was having ongoing right shoulder pain but was continuing to improve. Physical examination findings included decreased range of motion. Recommendations included continued physical therapy. On 09/05/13 she was continuing to improve. She was having pain with repetitive activities and with overhead work. Physical examination findings included weakness and pain with resisted abduction. There was biceps tendon tenderness. Authorization for pool therapy for the right shoulder two times per week for five weeks was requested. On 09/11/13 she was having ongoing right shoulder, wrist, and ongoing low back pain. She had completed physical therapy treatments. Pain was rated at 4-7/10. Physical examination findings included decreased right shoulder range of motion with tenderness. There was lumbar spine tenderness with decreased range of motion. She was continued at temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #30 1 tablet 2 times per day as needed for Pain (RX: 9/11/13):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use & dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic right shoulder and low back pain. Medications include Norco. Norco (hydrocodone/ ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the request for Norco is medically necessary.

**Post-Operative Aqua Therapy 2 times per week for 8 weeks for treatment of the Right Shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 87.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic right shoulder and low back pain. Prior treatments have included physical therapy with benefit. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments with benefit and therefore the request for pool therapy is not medically necessary.