

<b>Case Number:</b>	CM13-0049989		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Neurological 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 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 records presented for review indicate that this 38-year-old male was reportedly injured on March 29, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 11, 2013, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion limited to 85 of forward elevation and 30 of external rotation. Rotator cuff weakness was noted. Percocet was prescribed and a right shoulder arthroscopy was recommended. Diagnostic imaging studies reported a very thin attachment of the supraspinatus tendon. Previous treatment includes a previous right shoulder surgery in October 20, 2011. A request had been made for Norco and was not granted in the pre-authorization process on October 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #80:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** According to the attached medical record it is unclear why there is a request for Norco at this time. According to the most recent progress note dated December 11, 2013, the injured employee was prescribed Percocet at that time. It is not stated if Percocet had any efficacy for the injured employee's pain. Additionally, prior progress notes do not discuss the efficacy of either Percocet or Norco. According to the Chronic Pain Medical Treatment Guidelines justification of continued usage of opioid medications should be assessed by their ability to provide pain relief, increased ability to function, perform activities of daily living, and return to work, as well as addressing side effects and potential aberrant behavior. None of this is commented on in the attach medical record. This request for Norco is not medically necessary.