

<b>Case Number:</b>	CM13-0055832		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior right shoulder arthroscopy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for Norco, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. An earlier note of November 21, 2013 is notable for comments that the applicant reports marked pain. A CT arthrogram demonstrates a large residual full-thickness rotator cuff tear. The applicant has marked pain with markedly limited range of motion about the shoulder. Further surgery is sought. The applicant is placed off of work, on total temporary disability. An earlier note of November 14, 2013 is notable for comments that the applicant has not worked since late 2012. The applicant is moderately overweight. The applicant is given temporary limitations. It is stated that it is unlikely that the applicant will be able to return to work in the nursing field. An earlier note of October 17, 2013 is again notable for comments that the applicant has persistent burning pain and weakness about the right shoulder with associated moderate tenderness noted. The applicant has been seemingly placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant has failed to achieve these criteria despite ongoing usage of Norco, an opioid. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability. The applicant's ability to perform activities of daily living is seemingly diminished. Her pain complaints are likewise heightened despite ongoing Norco usage. On balance, it appears that continuation of opioid therapy is not indicated here. Therefore, the request is not certified, on Independent Medical Review.