MAXIMUS Federal Services

Case Number:	CM14-0004217		
Date Assigned:	02/05/2014	Date of Injury:	08/24/2011
Decision Date:	08/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Preventive 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 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 injured worker is a 67-year old male who slipped and fell hurting the right shoulder on 08/24/2011. An anthroscopy and open cuff repair were done on 02/03/2012. Pain continued afterwards. A physical examination done on 11/22/2013 showed tenderness over the anterior lateral acromion. Abduction was 110 degrees and forward flexion was 130 degrees. Passive range of motion, atrophy, impingement signs and external rotation strength were not given. A request on 12/12/2013 for Norco 5/325 mg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patients shoulder pain appears to be chronic. There is insufficient information available for review to determine a clear physical diagnosis requiring opioids. Per the MTUS, page 209: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe

to the patient before prescribing them. Opioids are recommended for no more than 2 weeks for shoulder complaints.