

<b>Case Number:</b>	CM14-0026378		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine & Rehabilitation 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 54-year-old female with a reported date of injury on 09/27/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with continued pain and decreased motion of the right shoulder. The injured worker presented with 3 failed shoulder surgical repairs, 2 arthroscopic and 1 open for a rotator cuff tear in the right shoulder. The MRI of the right shoulder revealed a large area of magnetic artifact obstructing the view of possible recurrent rotator cuff tear. The clinical note dated 12/16/2013 indicated the injured worker presented with right shoulder tenderness of the anterior aspect of the shoulder. The range of motion revealed abduction to 80 degrees, forward flexion to 100 degrees, and external rotation to 50 degrees. The injured worker's diagnoses included arthrosis of the AC joint in the right shoulder, right shoulder rotator cuff tear, and impingement syndrome. The injured worker's medication regimen included Lisinopril and Norco. The request for authorization for Norco 10/325mg (120 tabs) was submitted on 03/03/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (120 tabs): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM, Chronic Pain Chapter, Opioids and the Non-MTUS Official Disability Guidelines, Chronic Pain Chapter, Medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medications, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review lacks documentation of pain relief, functional status, appropriate medication use and side effects. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 08/22/2013. There is a lack of documentation related to the functional and therapeutic benefit in the ongoing utilization of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325mg (120 tabs) is not medically necessary.