

<b>Case Number:</b>	CM14-0089646		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old male who reported an injury to his right shoulder in 2009 as a result of cumulative trauma while working as a fishery manager. A clinical note dated 12/05/13 indicated the injured worker continuing with right shoulder pain. The injured worker may have demonstrated a loss of range of motion following surgical intervention including SLAP repair and chondroplasty. The injured worker had two injections since the surgery. The injured worker utilized ibuprofen, Norco, and tramadol. A clinical note dated 04/30/14 indicated the injured worker undergoing home exercise program to address right shoulder complaints. The injured worker underwent 24 physical therapy sessions following surgical intervention. The injured worker continued with Norco. The injured worker demonstrated 90 degrees of abduction. No strength deficits were identified at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Injured workers must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. No objective data was submitted confirming the injured worker's positive response to the use of this medication. Therefore, the continued use of opioid therapy is not indicated at this time.