

<b>Case Number:</b>	CM14-0168941		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 63-year-old male who reported an injury on 12/20/2012. The mechanism of injury involved a fall. The current diagnoses include pain in a joint involving the shoulder region, impingement syndrome of the shoulder, and rotator cuff tear. The latest physician progress report submitted for review was documented on 09/22/2014. The injured worker presented for an evaluation regarding the shoulder. The injured worker reported worsening symptoms. The current medication regimen includes Prilosec 20 mg, atenolol 50 mg, and ibuprofen 600 mg. A surgical history includes a total knee replacement on 03/19/2014. Upon examination, there was full passive range of motion, diminished rotator cuff strength, decreased active range of motion, and tenderness over the biceps tendon with positive apprehension and impingement signs. Recommendations included a right shoulder subacromial decompression with rotator cuff repair. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post op Norco 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker was pending authorization for a right shoulder subacromial decompression with rotator cuff repair. Within the documentation provided, it was noted in 10/2014 that the injured worker was denied authorization for the requested surgical procedure. In addition, the injured worker had previously utilized Norco 5/325 mg in 04/2014. There was no documentation of objective functional improvement. There was no mention of a failure of non-opioid analgesics. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.