

Case Number:	CM14-0192364		
Date Assigned:	11/26/2014	Date of Injury:	11/06/2013
Decision Date:	01/29/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 63-year-old woman with a date of injury of 11/6/13. She is being treated for left shoulder pain following left shoulder rotator cuff repair and subacromial decompression surgery on 10/3/14. She is undergoing shoulder rehabilitation and reportedly experiences intermittent shoulder pain rated as 7/10. On 10/30/14 request were made for Norco #60, Naprosyn 550 mg and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-27.

Decision rationale: The injured worker is being treated for left shoulder rotator cuff tear. She underwent rotator cuff repair on 10/3/14. The patient has been receiving physical therapy to the left shoulder postoperatively. Physical therapy progress note from 10/29/14 indicates gradual improvement in shoulder range of motion and the need to continue pain medications prior to therapy. Utilization review provided noncertification for hydrocodone 10/325 twice daily for

pain citing lack of documentation of efficacy and functional restoration citing chronic pain medical treatment guidelines. However, the patient is actively undergoing rehabilitation with supportive evidence that hydrocodone 10/325 is facilitating post-surgical functional improvement. Request for Norco 10/325 #60 is therefore medically necessary.