

Case Number:	CM14-0203935		
Date Assigned:	12/16/2014	Date of Injury:	10/18/2010
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/05/2014

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: Physical Medicine & Rehabilitation

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 has a date of injury of 1/1/10. She is reporting chronic right shoulder pain made worse with overhead activities. Physical examination reveals mildly reduced shoulder range of motion with positive impingement sign and Speed's test. Shoulder decompression surgery has been requested but not certified. Continuation of Norco 10/325 #90 has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The injured worker is being treated for right shoulder impingement syndrome secondary to rotator cuff tear. Request has been made for Norco 10/325 #90. The injured worker remains off work. MTUS Guidelines recommends continuation of opioids with

improved function and pain or that the worker has returned to work. None of those conditions have been met based on the reviewed medical records. Therefore, the request for Norco 90 mg is not medically necessary.