

<b>Case Number:</b>	CM14-0092744		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Orthopedic Surgeon 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 patient is a 31-year-old male who has submitted a claim for rotator cuff sprain and strain status post repair associated with an industrial injury date of 6/12/2013. Medical records from 2014 were reviewed. The patient is status post right shoulder diagnostic arthroscopy and debridement on 6/2014. He reported persistent pain at the anterior aspect of right shoulder. Physical examination of the right shoulder showed moderate diffuse tenderness, limited flexion to 60 degrees, abduction to 45 degrees, external rotation to 20 degrees, rotator cuff strength of 3/5, and intact neurovascular status. Treatment to date has included right shoulder arthroscopy with debridement, arthroscopic posterior capsulorrhaphy, arthroscopic anterior capsulorrhaphy, and arthroscopic type II SLAP repair, physical therapy, cyclobenzaprine, Zofran, Colace and Medrol. The utilization review from 6/12/2014 denied the requests for Norco 10/325 #60 with 1 refill and 4 post-operative appointments with Global Period with Fluoroscopy. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60 with 1 refill:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the initial prescription date for Norco is not documented. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. There is no documented rationale for the medication. Therefore, the request for Norco 10/325 #60 with 1 refill is not medically necessary.

**4 Post-operative Appointments with Global Period with Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient is status post right shoulder diagnostic arthroscopy and debridement on 6/2014. He reported persistent pain at the anterior aspect of right shoulder. Physical examination of the right shoulder showed moderate diffuse tenderness, limited flexion to 60 degrees, abduction to 45 degrees, external rotation to 20 degrees, rotator cuff strength of 3/5, and intact neurovascular status. The medical necessity for a follow-up visit has been established to determine patient's response to medications and therapy. However, there is no rationale why four visits should be certified at this time. There is likewise no discussion why frequent fluoroscopy should be employed. Therefore, the request for 4 post-operative appointments with global period with fluoroscopy is not medically necessary.