

<b>Case Number:</b>	CM15-0182183		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Oregon, Washington  
 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 58-year-old female, who sustained an industrial injury on 1-06-2014. The injured worker is being treated for right wrist fracture, myofascitis, and rotator cuff tear right shoulder. Treatment to date has included medications, work modification and medications. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for six-week follow-up. She will be having surgery. She reported left and right shoulder pain. Right shoulder pain remains 7 out of 10. She desires surgery. Medications include Tramadol. Objective findings included decreased range of motion in bilateral shoulders with pain upon external and internal rotation. There was diffuse tenderness over right upper extremity. Work status was modified duty until 9-22-2015. The plan of care included surgical intervention (right shoulder rotator cuff repair to be performed on 9-28-2015). Authorization was requested on 8-11-2015, for PA-C assist pre-op in house, Norco 10-325mg #60, billow sling immobilizer, cold therapy rental unit x 7 days, and 12 sessions of outpatient physical therapy. On 8-18-2015, Utilization Review modified the request for Norco 10-325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/11/14. Therefore, the requested Norco is not necessary for chronic use. However as the requested Norco is for the proposed surgery (distal clavicle excision) a short course of Norco is medically necessary.