

<b>Case Number:</b>	CM15-0184749		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 47-year-old male who sustained an industrial injury on 2/17/11, while playing basketball. Past surgical history was positive for right ulnar nerve transposition, left wrist surgery, bilateral knee surgeries, and bilateral hernia repairs. He was diagnosed with right shoulder impingement syndrome, right shoulder degenerative joint disease, ulnar nerve entrapment, and a biceps tear. Conservative treatment included physical therapy, pain medications, topical analgesics, and restricted activities. Records documented persistent functional limitations and disabling instability causing arm weakness. The injured worker underwent a right shoulder decompression, distal clavicle resection, and labral and rotator cuff debridement on 7/8/15. Post-op physical therapy was initiated on 7/17/15. The 8/25/15 treating physician report indicated that the injured worker was 6-weeks status post right shoulder arthroscopic surgery. Physical exam documented excellent wound healing with no signs of infection. He was able to tolerate 0-125 degrees of active forward flexion, forward elevation, and abduction. He had 90 degrees of external rotation with the shoulder abducted 90 degrees. He was advised to continue therapy 2 times per week for 4 weeks and one time per week for 4 additional weeks. He was to remain off work. Authorization was requested for a prescription of Norco 10/325 mg #45. The 8/31/15 physical therapy progress report documented gradual improvement in range of motion. Pain was now movement related instead of constant. It was still difficult and painful to reach overhead, across the chest, forward, and behind the back. He was still getting ulnar nerve pain into the 5th digit at times with shoulder motions. Pain was reported grade 4-7/10. Active right shoulder flexion and abduction were 100 degrees. There was 3-/5 to 3+/5

shoulder strength. The 9/14/15 utilization review non-certified the request for Norco 10/325 mg #45 as there was no mention of failed trial of non-steroidal anti-inflammatory drugs or inability to use that class of medications versus opioids.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for shoulder pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met. Records documented persistent activity related pain in the post-operative period. The injured worker was continuing to attend physical therapy with residual functional limitations in range of motion and strength to be addressed. The short-term use of opioid medications following surgery is consistent with guidelines. There is no evidence of long term use and this is a limited prescription consistent with tapering use. Therefore, this request is medically necessary.