

<b>Case Number:</b>	CM14-0215694		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 sustained a work related injury on July 30, 2012. The exact mechanism of the work related injury and the body parts involved was not included in the documentation provided. The injured worker was noted to have undergone right shoulder surgery on January 23, 2014. A copy of the surgical report was not included in the documentation provided. A Physician's report dated November 21, 2014, noted the injured worker with right shoulder pain. The injured worker was noted to be continuing with physical therapy. Physical examination was noted to show normal muscle tone without atrophy in the bilateral upper and lower extremities, with initial pain noted with motion of the right shoulder in abduction beginning at 90 degrees, forward flexion begins at 60 degrees, and extension begins at 15 degrees. The Physician noted the injured worker still had adhesive capsulitis with weakness and limited range of motion. The diagnoses were noted to include pain in joint shoulder, chronic pain syndrome, pain psychogenic NEC, and long term use of medications. The Physician noted that additional surgery or manipulation under anesthesia was being recommended. The Physician noted the injured worker needed to utilize Norco for the physical therapy sessions which were painful, and that the injured worker should be able to utilize the Norco through the physical therapy and until scheduled for surgery. The Physician requested authorization for Norco 10/325mg #60. On November 25, 2014, Utilization Review evaluated the request for Norco 10/325mg #60, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG), Chronic Pain, Opioids/Medication. The UR Physician noted that the extent to which the Norco had been beneficial was not adequately stated and that given the

lack of sufficient clinical information, the request for Norco 10/325mg #60 was not medically necessary and was non-certified. The decision was subsequently appealed to Independent Medical Review.

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

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** A prior physician review opined that the extent to which Norco has been beneficial is not adequately stated in the medical records. MTUS recommends establishing specific functional goals for opioid use and monitoring progress toward those goals. The records do objectively document functionally limiting shoulder motion due to adhesive capsulitis, with a plan to address this limited range of motion with physical therapy, surgery, and opioid analgesic medication. Such a plan for treatment and monitoring functional outcomes meets the MTUS criteria for the 4 As of opioid management. This request is medically necessary.