

<b>Case Number:</b>	CM15-0119528		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 46 year old male, who sustained an industrial injury on 08/29/2012 when he reported injuring his right shoulder. The injured worker is currently off work. The injured worker is currently diagnosed as having right shoulder superior labral tear from anterior to posterior, right acromioclavicular joint sprain/strain, right rotator cuff tear, right shoulder bursitis, and right shoulder impingement syndrome. Treatment and diagnostics to date has included right shoulder surgeries, 5 sessions of acupuncture in which the injured worker stated an increase in symptomatic complaints, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of frequent, moderate, achy right shoulder pain with weakness. Objective findings include decreased range of motion to right shoulder and tenderness to palpation of the anterior shoulder with negative Speed's test. The treating physician reported requesting authorization for Norco and ESWT (extracorporeal shockwave therapy) to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-82.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

**ESWT Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ESWT: Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** CA MTUS is silent on this topic. According to the above ODG reference, extracorporeal shock wave therapy (ESWT) is recommended to treat calcifying tendinitis. It is not recommended for other shoulder disorders. The documentation submitted did not support the IW carries a diagnosis of calcifying tendinitis of the shoulder. Without the support of the guidelines, the request for ESWT is not medically necessary.