

<b>Case Number:</b>	CM15-0176051		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male who sustained an industrial injury on 4-4-14. On physical exam (7-7-15) of the right shoulder revealed no limitation when taken through range of motion to external rotation, rotator cuff appears intact. Treatments to date include status post decompression and cuff repair of the right shoulder (4-24-15); physical therapy (per 7-7-15 note) nearly completed 12 post-operative physical therapy sessions, which were helpful with improvement of range of motion. On 9-1-15 utilization review evaluated and non-certified the request for MR arthrogram of the right shoulder based on lack of documentation as to whether the injured worker received adequate post-operative management as there was no documentation of the number of physical therapy visits, objective response to therapy and no comprehensive physical exam to warrant further investigation; Norco 10-325mg #90 based on no clear documentation of how long the injured worker was taking the medication, reduction of pain or objective functional improvement to warrant continuation of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetamin (Norco tablets) 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time. Failure of NSAIDS or Tylenol was not noted. Long-term use is not recommended. Pain scores were not noted. Continued use of Norco is not medically necessary.

**Contrast X-Ray of Shoulder (MR Arthrogram, Right Shoulder):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg.

**Decision rationale:** According to the guidelines, MR Arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case, the exam report in July 20145 indicates rotator cuff strength is intact. There is no mention of new tears. The claimant is scheduled to complete the total of 24 visits post-op. The request for MR Arthrogram at this time is not justified and not medically necessary.