

<b>Case Number:</b>	CM13-0011801		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who reported an injury on 02/27/2009 with an unstated mechanism of injury. The patient was noted to have pain that was aggravated with left arm movements and lifting. The patient was noted to have left shoulder range of motion that was restricted by pain in all directions. Muscle strength was 5/5 in the bilateral upper extremities except for 4+/5 strength in the left triceps and 4/5 strength in the left deltoid. The patient's diagnoses were noted to include status post left shoulder arthroscopy, left rotator cuff tear, left shoulder internal derangement, left shoulder sprain/strain, left shoulder pain and left shoulder degenerative joint disease. The request was made for naproxen sodium 550 mg #60 and Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines. Page(s): 75 and 78.

**Decision rationale:** California MTUS Guidelines recommend short-acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated that the patient's pain level is a 4/10 to 5/10 on the visual analog scale; and without it, it is noted to be an 8/10. It was noted that the patient was able to complete activities of daily living with the medication, such as personal hygiene, food preparation and basic home care. The urine drug screens were noted to be consistent with medications, and there were noted to be no signs of misuse, abuse or aberrant drug behaviors. There were noted to be no adverse reactions, and the patient was noted to be up-to-date on the pain contract. The patient was noted to have left shoulder range of motion that was restricted by pain in all directions. The left shoulder provocative maneuvers were noted to be positive. Nerve root tension signs were negative bilaterally, and the patient was noted to have pain with left arm movements and lifting. The clinical documentation submitted for review provided documentation for ongoing management, including the documentation of the 4 A's. Given the above, the request for Norco 10/325 mg #120 is medically necessary.

**Naproxen sodium 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** The California MTUS Guidelines recommend that naproxen is a nonsteroidal anti-inflammatory drug used for inflammation. The patient was noted to have pain that was aggravated with left arm movements and lifting. The patient was noted to have left shoulder range of motion that was restricted by pain in all directions. Muscle strength was 5/5 in the bilateral upper extremities except for 4+/5 strength in the left triceps and 4/5 strength in the left deltoid. The clinical documentation submitted for review indicated that this medication significantly decreased the patient's inflammatory pain, thus supporting the efficacy of the medication. Given the above, the request for naproxen sodium 550 mg #60 is medically necessary.