

<b>Case Number:</b>	CM14-0047616		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 44-year-old female was reportedly injured on July 22, 2012. The mechanism of injury was noted as lifting a bag weighing 60 pounds. The most recent progress note, dated March 5, 2014, indicated that there were ongoing complaints of left arm pain and right shoulder pain. Current medications included Norco, Naprosyn, and Prilosec. The physical examination demonstrated range of motion of the right shoulder with 156 of flexion, 122 of abduction, 20 of extension, 15 of adduction, and 42 of extra rotation. There were spasms of the supraspinatus muscles and the right pectorals' muscles. Examination of the left shoulder noted personal tenderness and spasms. Decreased sensation was noted at the right C4, C5, and C6 nerve distributions. Diagnostic imaging studies reported a re-tear of the rotator cuff of the right shoulder. Previous treatment included a steroid injection for the right shoulder and acupuncture treatments. A request was made for Naprosyn and Lidoderm Patches and was not certified in the pre-authorization process on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550MG #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** According to the most recent progress note dated March 5, 2014, the injured employee reported to be currently prescribed Norco, Naprosyn, Prilosec, and Lidoderm patches. It was stated that pain was unbearable without the usage of Norco. Therefore, as there has been no stated pain relief with the usage of Naprosyn, this request for Naprosyn is not medically necessary.

**Lidoderm patch qD #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the most recent progress note dated March 5, 2014, the injured employees reported to be currently prescribed Norco, Naprosyn, Prilosec, and Lidoderm patches. It was stated that pain was unbearable without the usage of Norco. Therefore, as there has been no stated pain relief with the usage of Lidoderm patches, this request for Lidoderm patches is not medically necessary.