

<b>Case Number:</b>	CM14-0153366		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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; has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 44 year-old male with the date of injury of 06/09/2008. The patient presents with pain in his lower back, radiating down his legs with tingling or numbing sensations. The patient also reports having pain in his left knee with popping but no locking. The patient has an abnormal gait. The patient presents decreased lumbar flexion to mid thigh and left knee squat to 90 degrees. The patient rates his lower back pain as 6-8/10 on the pain scale, and his left knee pain as 6/10. Examination reveals positive Mc Murray for the internal meniscus. The patient is currently taking Zoloft, Flexeril and Omeprazole. According to [REDACTED] report on 08/22/2014, diagnostic impressions are; 1) Post op chronic pain 2) Discogenic back 3) Lumbar radiculitis 4) Chronic left knee pain 5) Internal meniscal tear of the left knee, S/P surgeries x3 6) Depression. The utilization review determination being challenged is dated on 09/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription Of Fenoprofen Calcium 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 60,61,22.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The patient is s/p lumbar decompression surgery on 09/13/2013 and three knee surgeries. The request is for Fenoprofen calcium 400mg #60. Regarding NSAID's (non-steroid anti-inflammatory drugs), MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the treater' reports do not show discussion specific to Fenoprofen. The utilization review letter on 09/06/2014 indicates that the patient discontinued different NSAIDs, Nabumetone due to side effects such as blood in the stool. However, review of the reports from 1/7/14 to 10/24/14 do not show any discussion regarding NSAID changes, when Fenoprofen was started and how effective it has been for pain reduction and functional improvement. MTUS page 60 require recording of pain and function with medications used for chronic pain therefore request is not medically necessary.