

<b>Case Number:</b>	CM14-0159387		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine, 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 claimant injured his low back on 05/04/12 and Nalfon is under review. He has low back pain that is intermittent. On 04/04/14, he had constant pain and was noted to have tenderness with decreased range of motion and positive straight leg raise and decreased sensation at L5 and S1. He was awaiting acupuncture. He was scheduled for a second epidural. He had an initial Orthopedic Panel QME on 03/14/14 and reported that he was taking over-the-counter switch relieves his pain. He was using Motrin as needed. He received future medical. He was seen on 07/14/14 and his pain is aggravated by bending, lifting, twisting, and other activity. It is sharp and radiates into the lower extremities. The pain is level 7/10. There was palpable spasm and tenderness and seated nerve root test was positive. Standing flexion and extension were guarded and restricted. He had tingling and numbness in the posterior leg and lateral foot and S1 dermatomal pattern. He had good strength and intact reflexes. Sensation and strength were normal. He was diagnosed with lumbar though. He was to continue chiropractic. On 06/13/14, Naproxen was requested. Other medications were also ordered. He was also prescribed Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon) 400mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
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**Decision rationale:** The history and documentation do not objectively support the request for Fenoprofen Calcium (Nalfon) 400mg, #120, frequency unknown. The MTUS state "NSAIDs (non-steroidal anti-inflammatory drugs): Specific recommendations [include] osteoarthritis and 'Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.'" There is no evidence that the claimant has tried and failed to respond to acetaminophen. There is no documentation of osteoarthritis. MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, the claimant reported on 03/14/14 that he got relief of his symptoms with over the counter medication and he was taking Motrin. There is no evidence that this medication stopped working or that he has failed trials of other care including local modalities such as ice/heat. There is no evidence of chronic inflammation, such as osteoarthritis. There is also no indication that the claimant has been involved in an ongoing exercise program to maintain the benefits of treatment that he gets or that he has been advised to continue to exercise. The medical necessity of the use of Fenoprofen Calcium (Nalfon) 400mg #120, frequency unknown, under these circumstances, has not been clearly demonstrated.