

Case Number:	CM14-0184978		
Date Assigned:	11/12/2014	Date of Injury:	05/22/2013
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This is a 39-year-old male with a 5/22/13 date of injury. According to a hand-written note dated 10/11/14, the patient complained of low back pain. Medications and TENS treatment helped with pain. The patient was dispensed fenoprofen because naproxen was out of stock. Objective findings: tenderness to palpation, decreased range of motion. Diagnostic impression: lumbar fracture, thoracic degenerative disease syndrome, T-spine disc bulge. Treatment to date: medication management, activity modification, TENS unit, home exercise program. A UR decision dated 10/21/14 denied the request for fenoprofen. There is no evidence of long-term effectiveness for pain or function. Guidelines do not support long-term utilization of NSAIDS typically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg 60 tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of significant pain relief, functional gains, or improvement in activities of daily living. Guidelines do not support the ongoing use of NSAIDs without documentation of functional improvement. Therefore, the request for Fenoprofen 400mg 60 tabs is not medically necessary.