

Case Number:	CM14-0159599		
Date Assigned:	10/03/2014	Date of Injury:	09/13/2011
Decision Date:	01/15/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	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 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 58 year old male with an injury date of 09/13/11. In progress report dated 09/19/14, the patient complains of pain in the lower back, left wrist, and right knee, rated at 4-5/10. The pain is attenuated with medications with constipation being the only side effect. Physical examination of the lumbar and cervical spine reveals reduced range of motion with forward flexion and extension. There is tenderness to palpation in the lumbar paraspinal muscles and spasms in the cervical musculature. As per progress report dated 08/08/14, the low back pain rated at 6/10, left wrist pain rated at 5/10, and right knee pain at 3-4/10. The treating physician refilled Cyclobenzaprine and Menthoderm, discontinued Naproxen, and gave a prescription for Fenoprofen, as per progress report dated 09/19/14. The patient is also relying on TENS unit and home exercise program, as per the same report. The patient has been allowed to work without restrictions, as per progress report dated 09/19/14. The diagnoses includes cervical sprain / strain; lumbar sprain / strain; wrist sprain / strain; and knee sprain / strain as of 09/19/2014. The treating physician is requesting Fenoprofen calcium 500 mg capsules # 60 prescribed / dispensed 09/19/14. The utilization report being challenged was dated 09/26/14. No specific rationale provided. Treatment reports were provided from 08/08/14 - 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium 500mg capsules #60 prescribed/dispensed 9/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications Page(s): 60,61, and 22.

Decision rationale: The patient complains of pain in the lower back, left wrist, and right knee, rated at 4-5/10, as per progress report dated 09/19/14. The request is for Fenoprofen calcium 500 mg capsules # 60. Regarding NSAID's, MTUS states on page 22, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." On page 60 of the MTUS guidelines also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The first prescription for Fenoprofen was noted in progress report dated 09/19/14. The treating physician discontinued Naproxen (another NSAID) and replaced it with Fenoprofen. The report does not include the reason for this switch. Additionally, the treating physician does not discuss the change in pain and function due to Naproxen. The MTUS on page 60 requires "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, this request is not medically necessary.