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| Case Number: | CM14-0176999 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 11/05/2013 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/26/2014 |

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:

Injured worker (IW) sustained a low back injury on 11/05/13 following repetitive lifting of boxes. Lumbar MRI revealed degenerative changes at L3-4 and L4-5 with central canal and neural foraminal narrowing. Office notes document complaints of low back pain radiating into the leg, with tingling sensation. IW has consistently reported 30-40% pain relief with medications and no side effects. Office notes from 03/04/14 to 08/23/14 document use of the NSAID drug naproxen. On 08/23/14 IW was changed from naproxen to fenoprofen, but rationale for this change was not documented. There was no change in reported pain level. No functional improvement was documented with use of naproxen or fenoprofen. Other medications prescribed concurrent with NSAID therapy have included omeprazole (Prilosec), cyclobenzaprine (Flexeril), topiramate, Lidopro topical, and Menthoderm topical. IW has been referred for surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs, NSAIDs, GI symptoms & cardiovascular risk Page(s).

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. No functional improvement is documented with use of fenoprofen. NSAID medications have been associated with risk for potentially serious gastrointestinal, renal, and hepatic adverse events, and MTUS recommends careful risk assessment and monitoring for potential adverse events for patients receiving NSAID therapy. Blood pressure measurement on 08/23/14 was 144/88 and repeat measurement on 09/17/14 was 140/85, suggesting stage I hypertension; however, there is no documentation that this has been addressed with IW. Monitoring of laboratory studies is not documented. Based upon lack of indication for long-term use of NSAID therapy for this condition per MTUS, lack of documented functional improvement with long-term NSAID therapy, and lack of documented risk assessment for potential adverse events associated with NSAID use, medical necessity is not established for the requested fenoprofen.