

<b>Case Number:</b>	CM14-0191873		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine, and is licensed to practice in Texas and 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 67 year old male patient who sustained a work related injury on 3/12/14 Patient sustained the injury due to the constant lifting of heavy baggage and pushing heavy baggage carts and dollies. The current diagnoses include cervical and lumbar discopathy, and cervicalgia. Per the doctor's note dated 8/15/14, patient has complaints of pain in the cervical spine with radiation of pain into the upper extremities with associated tingling and numbness at 8/10; pain in the right shoulder at 7/10 and pain in the low back with radiation of pain into the lower extremities with associated tingling and numbness at 8/10. Physical examination revealed tenderness on palpation, limited range of motion, positive axial loading compression test, positive Spurling's test, positive palmar compression test subsequent to Phalen's maneuver, positive Tinel's test consistent with carpal tunnel syndrome; positive-Hawkins-and impingement-sign and positive SLR. The current medication lists was not specified in the records provided. The patient has had of the low back that revealed disc space height collapse of L5-S1 with bone on bone erosion and neuroforaminal narrowing and facet hypertrophy and X-ray of the right shoulder and bilateral hips were normal and X-ray of the cervical spine that revealed multilevel cervical spondylosis Any surgical or procedure note related to this injury were not specified in the records provided. The patient had completed a course of 12 physical therapy sessions which he stated was not beneficial.

### 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:** Overturned

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

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

**Decision rationale:** Fenoprofen Calcium (Nalfon) belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." Patient sustained the injury due to the constant lifting of heavy baggage and pushing heavy baggage carts and dollies. The current diagnoses include cervical and lumbar discopathy, and cervicgia. Per the doctor's note dated 8/15/14, patient has complaints of pain in the cervical spine with radiation of pain into the upper extremities with associated tingling and numbness at 8/10; pain in the right shoulder at 7/10 and pain in the low back with radiation of pain into the lower extremities with associated tingling and numbness at 8/10. Physical examination revealed tenderness on palpation, limited range of motion, positive axial loading compression test, positive Spurling's test, positive palmar compression test subsequent to Phalen's maneuver, positive Tinel's test consistent with carpal tunnel syndrome; positive-Hawkins-and impingement-sign and positive SLR. The patient has had of the low back that revealed disc space height collapse of L5-S1 with bone on bone erosion and neuroforaminal narrowing and facet hypertrophy and X-ray of the cervical spine that revealed multilevel cervical spondylitis. The patient has chronic pain with evidence of significant objective abnormal findings. NSAIDs like Fenoprofen are first line treatments to reduce pain. Fenoprofen Calcium (Nalfon) 400mg, #120 use is deemed medically appropriate and necessary in this patient.