MAXIMUS Federal Services

Case Number:	CM14-0192576		
Date Assigned:	11/26/2014	Date of Injury:	06/23/1986
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 51-year-old female with date of injury of 06/23/1986. The listed diagnoses from 10/26/2014 are: 1. Lower back pain.2. Lumbosacral or thoracic neuritis or radiculitis. According to this report, the patient still has significant low back pain with pain down both legs, right greater than the left. Her chronic pain medications are moderately helpful. She denies any side effects from her medications. The TENS unit was helpful but only helps when it is on. The examination shows tenderness in the lumbar spine. She flexes to reach the knees. Her gait is stiff and slow. The progress report from 09/20/2014 shows the same examination as the 10/26/2014 report. The documents include progress reports from 05/11/2014 to 10/26/2014. The utilization review denied the request on 11/05/2014 stating, "There was no clear detail provided as to what specific overall functional benefit has been achieved with this particular prescription anti-inflammatory as compared to using an over-the-counter form."

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

Decision rationale: This patient presents with low back pain that radiates down to both legs. The treater is requesting Fenoprofen Calcium 400 mg quantity 60 (Nalfon). The MTUS Guidelines, page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Fenoprofen use. The patient has utilized Opana ER, Trazodone, TENS unit, H-wave, and icing for her low back pain. In this case, a trial of Fenoprofen is supported by the MTUS Guidelines as a traditional first-line treatment to reduce pain and inflammation. Therefore, this request is medically necessary.