

<b>Case Number:</b>	CM14-0207810		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 30-year-old male who has submitted a claim for knee pain, myofascial pain syndrome and meniscus tear associated with an industrial injury date of 7/19/2011. Medical records from 2014 were reviewed. The patient complained of low back and right knee pain status post arthroscopic surgery. Physical examination showed decreased motion of right knee towards flexion and painful lumbar extension and rotation. There was minimal swelling of the right knee. Treatment to date has included right knee arthroscopy, TENS, home exercise program, activity restrictions, and medications such as Voltaren gel and fenoprofen (since July 2014). The utilization review from 12/5/2014 denied the request for retrospective fenoprofen 400mg Qty 60 with 1 refill because of no supporting evidence of objective functional benefit with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fenoprofen 400 mg Qty 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed fenoprofen since July 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term NSAID use was likewise not recommended. The date of service for review for the retrospective request was also not specified. Therefore, the request for retrospective Fenoprofen 400 mg Qty 60 with 1 refill was not medically necessary.