

Case Number:	CM15-0002130		
Date Assigned:	01/13/2015	Date of Injury:	01/06/2012
Decision Date:	04/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 54-year-old male who reported an injury on 01/06/2012. The mechanism of injury was not provided. On 11/13/2014, the injured worker presented with complaints of left knee pain. Upon examination, there was an MRI finding of a lateral meniscal tear. The diagnoses were lateral meniscal tear. Prior therapies were not noted. The provided treatment plan included a taper of hydrocodone 2.5 mg; a trial of fenoprofen, Medrox, Docuprene, and lidocaine patches; and taper down Norco. There was no rationale provided. The Request for Authorization form was dated 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for fenoprofen 400 mg #60 is not medically necessary. The California MTUS recommend the use of NSAIDs at the lowest dose for the shortest time for the individual treatment plan or goals. There is a lack of documentation of the efficacy of the prior use of fenoprofen. Additionally, a complete and adequate pain assessment was not submitted for review.