MAXIMUS Federal Services

Case Number:	CM15-0180679		
Date Assigned:	09/22/2015	Date of Injury:	01/25/1995
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 60 year old male, who sustained an industrial injury on 1-25-95. Medical records indicated the injured worker is undergoing treatment for lumbar radiculopathy, cervical radiculopathy and right shoulder rotator cuff tear. Treatment to date has included oral medications including Norco, Celebrex, Soma, Ultracet and Zantac and Naproxyn; home exercise program and activity modifications. Currently on 8-11-15, the injured worker complains of continued right shoulder pain rated 6 out of 10 with medications and the medications allow him to be able to continue to do his activities of daily living. Work status is retired. Physical exam performed on 8-11-15 revealed bilateral tenderness and spasms of the cervical and trapezius muscles, bilateral tenderness and spasms of L3-5 paraspinous muscles, decreased range of motion of cervical and lumbar spine and decreased sensation along the left lateral leg, decreased deep tendon reflexes at left ankle and decreased deep tendon ankle reflexes in bilateral lower extremity. On 8-13-15 a request for authorization was submitted for Norco 10-325mg #30, Fenniprofen 400mg #60, Prilosec 20mg #60, Theramine #180 and Sentra #60. On 8-24-15, utilization review non-certified a request for Fenniprofen 400mg #60 noting it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenniprofen 400mg BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 60 year old patient complains of chronic neck pain, low back pain, and right shoulder pain, as per progress report dated 08/11/15. The request is for Fenniprofen 400mg BID #60. The RFA for this case is dated 08/13/15, and the patient's date of injury is 01/25/95. Diagnoses, as per progress report dated 08/11/15, included cervical radiculopathy, lumbar radiculopathy, and right shoulder rotator cuff tear. Prescribed medications included Fenniprofen, Prilosec, Theramine, Sentra and Norco. The patient is retired, as per the same progress report. MTUS chronic pain guidelines 2009, page 22 and Anti-inflammatories section, state: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Fenniprofen [Fenoprofen] is only in the progress report dated 08/11/15. In the report, the treater states that it is an NSAID that is being prescribed for pain and inflammation. As per the report, the pain is rated at 6/10 with medications. Medications also help the patient "continue to do his ADLs such as walk, drive or take the bus." The treater also states that the patient is "doing well with Naproxen, but still has pain up and over the Naproxen." While the treater does not state it explicitly, it is possible that the patient is being switched from Naproxen to Fenoprofen to achieve better pain control. Although Naproxen was part of a medication regimen that produced some improvement in pain and function, it did not appear to produce the desired results. Given the lack of efficacy of Naproxen, switching to another NSAID does not appear reasonable. Hence, the request for Fenniprofen is not medically necessary.