

Case Number:	CM15-0193388		
Date Assigned:	11/02/2015	Date of Injury:	03/06/2009
Decision Date:	12/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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 56 year old male, who sustained an industrial injury on 03-06-2009. The injured worker is currently unemployed and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, lumbar back pain, cervical sprain-strain, lumbar sprain-strain, lumbar disc herniation with radiculitis, and cervical radiculopathy. Treatment and diagnostics to date has included medications. Recent medications have included Norco, Fenoprofen, Prilosec, Docusate Sodium, and Flexeril. Subjective data (08-11-2015 and 09-03-2015), included neck pain, thoracic back pain, and headaches rated 6 out of 10. Objective findings (09-03-2015) included bilateral tenderness and spasms of the cervical and lumbar paraspinal muscles with decreased range of motion. The request for authorization dated 08-13-2015 requested Norco, Fenoprofen 400mg 1 a day #30, Prilosec, Docusate Sodium, and Flexeril. The Utilization Review with a decision date of 09-11-2015 denied the request for Fenoprofen capsule 400mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen CAP 400mg day supply 30 Qty 30 refills 03: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The 56 year old patient complains of pain in the cervical region with numbness and tingling in hands, lower back pain, thoracic pain, left shoulder pain, and hip pain, rated at 6/10, as per progress report dated 09/03/15. The request is for Fenoprofen CAP 400mg day supply 30 QTY 30 refills 03. The RFA for this case is dated 09/09/15, and the patient's date of injury is 03/06/09. The patient is status post right wrist surgery for torn ligaments, as per progress report dated 09/03/15. Diagnoses also included chronic pain syndrome, lumbar back pain, cervical sprain/strain, lumbar sprain/strain, long-term use of medications, lumbar disc herniation with radiculitis, and cervical radiculopathy. Medications included Norco, Fenoprofen [Fenoprofen], Prilosec, Docusate, Flexeril, Lidocaine patches, and Theramine. The patient is not working, as per the same report. Regarding NSAID's, MTUS page 22 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 nonsteroidal 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 Fenoprofen [Fenoprofen] is first noted in progress report dated 03/12/15. It is not clear when the NSAID was initiated. As per progress report dated 09/03/15, medications help reduce pain from 9/10 to 4-5/10. They also help the patient with ADL's. The treater explains that without meds, unable to go shopping. Only able to go to curb, with meds, is able to walk 15 mins, unable to socialize without meds. In progress report dated 07/14/15, the treater states "Naprosyn is used to decrease pain also so he would not have to take as much narcotics." Given the efficacy of the NSAID, the request appears reasonable and is medically necessary.