MAXIMUS Federal Services

Case Number:	CM15-0218287		
Date Assigned:	11/10/2015	Date of Injury:	06/17/2006
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, hip, and low back pain reportedly associated with an industrial injury of June 17, 2006. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve a request for fenoprofen. The claims administrator referenced a September 28, 2015 office visit and an associated October 19, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing issues with chronic left upper extremity, neck, back, and hip pain. The applicant was using Flexeril, Motrin, Norco, and Lidoderm patches, the treating provider reported. A greater trochanteric bursa block was suggested. On September 27, 2015, the applicant was again described as using Norco, Flexeril, and Motrin. Ongoing issues with chronic hip, back, and neck pain were reported, along with generalized myalgias and myositis of various body parts. The applicant was reportedly working on a part-time basis, the treating provider suggested in one section of the note. Lidoderm, Norco, Motrin, and Flexeril were all seemingly renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. On an RFA form dated October 19, 2015, fenoprofen was endorsed, seemingly without much supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 MG 1 BID As Needed with Food: Upheld

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): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for fenoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's October 19, 2015 RFA form did not clearly outline why fenoprofen was being introduced, particularly in light of the fact that the applicant had received a refill of ibuprofen, a second anti-inflammatory medication, on September 28, 2015. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate anti-inflammatory medications. Therefore, the request was not medically necessary.