

Case Number:	CM15-0030419		
Date Assigned:	02/24/2015	Date of Injury:	06/24/2013
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: Emergency 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 injured worker is a 57 year old male, who sustained an industrial injury on 6/24/2013. He reports a left shoulder injury. Diagnoses include left shoulder impingement syndrome and labral tear with surgical repair, bicipital tendonitis and chronic pain. Treatments to date include surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation), chiropractic care and medication management. A progress note from the treating provider dated 1/9/2015 indicates the injured worker reported left shoulder and elbow pain. On 2/11/2015, Utilization Review non-certified the request for Nalfon 400 mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 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 (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68; 71.

Decision rationale: The request is for nalfon 400mg, which is an oral formulation of fenoprofen, which is a non-steroidal anti-inflammatory drug used to treatment of pain. The MTUS guideline recommends non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or reno-vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence of long-term effectiveness for pain or function. For acute exacerbation of chronic pain, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica, a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. The request as written is for a refill of fenoprofen, which exceeds the duration of therapy recommended by the MTUS guidelines. Therefore, the request is not supported by the MTUS guidelines and is not medically necessary.