

Case Number:	CM15-0045299		
Date Assigned:	03/17/2015	Date of Injury:	10/18/2013
Decision Date:	04/20/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management

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 48-year-old male, who sustained an industrial injury on 10/18/2013. He reported sustaining a lifting related injury during work. The injured worker was diagnosed as having lumbar radiculopathy and cervical radiculopathy. Treatment to date has included transforaminal epidural steroid injections to the left lumbar five to sacral one, electromyogram, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and medication regimen. In an emergency room report dated 09/20/2014 the treating provider reports complaints of mostly left sided low back that radiates to the left leg. The medical records provided did not include documentation on the request for the medication Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 23, 64 & 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for fenoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that prior use of NSAIDs is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) and objective functional improvement and there is no clear rationale for continued use of NSAIDs despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested fenoprofen is not medically necessary.