

Case Number:	CM15-0047438		
Date Assigned:	03/19/2015	Date of Injury:	06/21/2004
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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(n) 48 year old male, who sustained an industrial injury on 6/21/14. He reported pain in the back and shoulders. The injured worker was diagnosed as having cervical sprain, lumbosacral sprain and right knee pain. Treatment to date has included left shoulder MRI, chiropractic treatments, EMG/NCV study, TENs unit and pain medications. As of the PR2 dated 2/12/15, the injured worker reports 5-8/10 pain in the bilateral shoulders and 6-7/10 pain in the lower back. The treating physician noted 70 degrees flexion and 15 degrees extension in the lumbar spine. The treating physician requested to continue Fenoprofen calcium 400mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective fenoprofen calcium 400mg #60 (DOS: 2/12/15): Upheld

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

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 NSAIDs are providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement to support long-term use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested fenoprofen is not medically necessary.