

<b>Case Number:</b>	CM15-0053084		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on January 29, 2014. He reported falling and landing on his left elbow and buttock when the ladder he was working on buckled. The injured worker was diagnosed as having lumbar strain, lumbar radiculopathy, and left elbow sprain. Diagnostic studies were not included in the provided medical records. Treatment to date has included work modifications, chiropractic therapy, and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 28, 2015, the injured worker complains of left elbow muscular and low pain, which are rated 6/10. Associated symptoms include posterior left thigh to the knee pain when his low back pain is aggravated by activity. The physical exam revealed lateral epicondyle tenderness of the left elbow on deep palpation with full and painless range of motion. There was abnormal gait, a burning sensation with heel and toe walking, and stiffness and tightness mostly on lumbar 4- lumbar 5. There was an ability to flex to four inches to the ground, normal extension/flexion and rotation, straight leg raise with hamstring tightness, and decreased deep tendon reflexes of the bilateral lower extremities. The treatment plan includes Fenoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAID (Nabumetone and Meloxicam) for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. No one NSAID is superior to another and prior pain scores ranged from 6-8 while on Tylenol and Meloxicam. The use of Fenoprofen is not medically necessary.