

Case Number:	CM15-0083051		
Date Assigned:	05/05/2015	Date of Injury:	03/18/2011
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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, Florida, 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 injured worker is a 51 year old male, who sustained an industrial injury on March 18, 2011. He reported neck pain, shoulder pain and low back pain. The injured worker was diagnosed as having left shoulder labral tear, cervical sprain/strain, cervical radiculopathy, diabetes and hearing loss. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, home exercises, medications and work restrictions. Currently, the injured worker complains of continued neck and shoulder pain radiating down the left upper extremity and low back pain radiating to the lower extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Radiographic imaging of the left shoulder and cervical spine on May 17, 2013, revealed abnormalities. Evaluation on November 3, 2014, revealed continued complaints as noted. He reported requiring medications to remain functional and to sleep. Surgical intervention was recommended for the left shoulder however during evaluation and diagnostic studies a possible myocardial infarction was noted. Surgical intervention was postponed until further studies and cardiology clearance was completed. Evaluation on December 3, 2014, revealed continued pain. Cardiac clearance was completed and surgical intervention was scheduled. Evaluation on December 29, 2014, revealed continued pain as before. Surgical intervention had been performed on December 16, 2014. Evaluation on February 20, 2015, revealed continued pain however it was noted physical therapy was helping. Medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg 2 times daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) - NSAIDs, GI symptoms & cardiovascular risk; Fenoprofen (Nalfon, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately not medically necessary.