

Case Number:	CM14-0156075		
Date Assigned:	09/25/2014	Date of Injury:	11/17/2010
Decision Date:	02/10/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female with reported date of injury of November 17 2010. The mechanism of injury is not given. The diagnoses include carpal tunnel syndrome, sprain/strain of the wrist, and sprain/strain of the lumbar spine. She complains of neck pain radiating to the upper extremities and low back pain. The physical exam reveals myofascial tenderness, region unspecified. She has been treated with Naprosyn, Fenoprofen, Cyclobenzaprine, Omeprazole, and evidently a TENS unit. It appears that she has been prescribed NSAIDS for several months consecutively, either Naproxen or Fenoprofen. At issue is a request for Fenoprofen 400 mg, #60. This was denied by the utilization review who cited MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg, 60 tablets for symptoms related to the wrists, cervical, and lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDS.

Decision rationale: NSAIDs like Fenoprofen are recommended as an option for short-term symptomatic relief of acute exacerbations of chronic back pain. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. NSAIDs are also recommended for osteoarthritis for the shortest necessary time in the lowest possible doses. In this instance, the medical record does not show evidence of or provide a diagnosis of osteoarthritis. Additionally, NSAIDs appear to have been in continuous use for several months, and not just 'as needed' for acute exacerbations. The progress note from 8-23-2014 stated that the plan was to have the injured worker take the medication every day, although the exact medication was not specified. Because there is no diagnosis of osteoarthritis and because the NSAIDs like Fenoprofen have been in continuous use for several months, Fenoprofen Calcium 400mg, 60 tablets for symptoms related to the wrists, cervical, and lumbar spine was not medically necessary.