

Case Number:	CM14-0193917		
Date Assigned:	12/01/2014	Date of Injury:	10/02/2013
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Medicine and is licensed to practice in California. 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:

This is a 38 year old female patient who sustained a work related injury on 10/2/13. Patient sustained the injury due to a slip and fall incident. The current diagnosis includes right knee strain. Per the doctor's note dated 11/17/14, patient has complaints of bilateral knee pain at 8/10. Physical examination on 10/20/14, 8/27/14, 7/2/14, 4/1/14 and 9/22/14 revealed tenderness on palpation, decreased sensation in LE, weakness in LE and ambulated with the use of a cane. The current medication lists include Naproxen, Cyclobenzaprine, Omeprazole, Tramadol, Relafen, and Sertraline. The patient has had MRI right lower extremity on 11/13/13 that revealed transient patellofemoral dislocation, healing lateral femoral condylar bone impaction and medial retinacular tear; and X-ray of the right knee on 10/2/13 that revealed dislocation of patella. The patient has received an unspecified number of the PT visits for this injury. The patient has used a right knee brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 Mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: Fenoprofen 400 Mg #60 belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Per the doctor's note dated 11/17/14, patient has complaints of bilateral knee pain at 8/10. Physical examination on 10/20/14, 8/27/14, 7/2/14, 4/1/14 and 9/22/14 revealed tenderness on palpation, decreased sensation in LE, weakness in LE and ambulated with use of cane. The patient has had MRI right lower extremity on 11/13/13 that revealed transient patellofemoral dislocation, healing lateral femoral condylar bone impaction and medial retinacular tear; and X-ray of the right knee on 10/2/13 that revealed dislocation of patella. The pt has pain with abnormal objective findings. NSAIDs like Fenoprofen 400 Mg #60 are first line treatments to reduce pain. Fenoprofen 400 Mg #60 use is deemed medically appropriate and necessary in this patient.