

Case Number:	CM14-0210232		
Date Assigned:	12/23/2014	Date of Injury:	10/03/2012
Decision Date:	02/19/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Emergency 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 50 year old female who was originally injured on 10/3/2012 when a box hit her right hand, sustaining injury to the right wrist and thumb, and on 11/16/2012, when a box fell on her, injuring her head and neck. She had been treated with acupuncture, chiropractic care, home exercises, as well as medications including Norco 10/325 two a day, Norflex ER 100mg once a day, and Ketoprofen 75mg once daily. She continued to complain of neck pain that radiated into her right shoulder, along with burning, tingling and numbness in her arms bilaterally. The injured worker has been diagnosed with cervical radiculopathy, multilevel disc disease with mild stenosis and facet arthropathy. Documentation on 9/22/2014 noted decreased range of motion of the cervical spine, diminished sensation in the C5-C8 dermatomes, decreased strength of the upper extremities, positive Spurling's and positive facet provocation test. A request was made for Fenoprofen 400mg #60, which was not authorized by utilization review. This medication request was then submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Cap 400mg #60: 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 NSAIDS
Page(s): 67-68.

Decision rationale: Fenoprofen is a non-steroidal anti-inflammatory drug (NSAIDS) used for treatment of moderate to severe pain. Per the MTUS guidelines, non-steroidal anti-inflammatory drugs as a class are recommended at the lowest dose for the shortest period of time for the treatment of general osteoarthritis. As a class of drugs, they are considered second-line treatment after acetaminophen for acute exacerbations of chronic pain. Complications of long-term use of non-steroidal anti-inflammatory are more common than with acetaminophen, and include cardiovascular, renal, and gastrointestinal dysfunction. Furthermore, non-steroidal anti-inflammatory drugs may delay and hamper healing in all soft tissues. The decision to continue chronic non-steroidal anti-inflammatory drugs must be judiciously tailored to each individual patient. The last note from the treating physician documents that the injured worker's pain has increased, which has happened despite ongoing use of a non-steroidal anti-inflammatory drug. Without clear documentation of a benefit that outweighs the long-term risk for the drug, nor a plan to utilize a non-steroidal anti-inflammatory drug for the shortest term possible, the request as written is not supported by the MTUS guidelines and is therefore not medically necessary.