

<b>Case Number:</b>	CM14-0218349		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 forty-two year old male who sustained a work-related injury on February 28, 2011. A request for one prescription for Fenoprofen 400 mg #60 was noncertified by Utilization Review (UR) on December 16, 2014. The UR physician utilized the Official Disability Guidelines (ODG) in the determination. The UR physician noted that the cited guidelines recommend the utilization of non-steroidal anti-inflammatory drugs for the management of pain. Previous studies indicate Fenoprofen was found to be less effective with higher risk of adverse effect. General recommendations follow the lower effective dose for the shortest duration of time consistent with the patient's goals. The UR physician noted that the medical records do not indicate the injured worker has been prescribed other types of non-steroidal anti-inflammatories which have been ineffective in pain reduction. A request for Independent Medial Review (IMR) was initiated on December 24, 2014. A review of the documentation submitted for IMR included medical documentation from December 19, 2013 through November 5, 2014. A physician's report dated November 5, 2014 revealed the injured worker reported constant low back pain radiating to the left lower extremity with burning, tingling and numbness. He reported constant right shoulder pain. He takes his medication as needed and had no side effects from the medications. He received right shoulder cortisone injections times two with short-lived effect and failed conservative therapy including therapy, medication and steroid injections. His work status was defined as off work until 12/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Fenoprfen 400 mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprfen 400 mg #60 is not medically necessary. Fenoprfen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured workers working diagnoses are lumbar DDD; lumbosacral or thoracic neuritis or radiculitis; and lumbar sprain/strain. The documentation in the medical record does not contain a start date for Fenoprfen 400mg. The progress note dated December 19, 2013 does not have a list of current medications. A progress note dated April 25, 2014 indicates refill medications. The only medication listed is tramadol/APAP. A progress note dated May 23, 2014 states "take medications as needed". There are no medications listed. Progress note dated August 17, 2014 indicates refill medications. There are no medications listed. A progress note dated November 5, 2014 provides subjective and objective findings. Subjectively, the injured worker has low back pain with radiating, burning, tingling and numbness in the left lower extremity. Also, there is right shoulder pain. Objectively, there is tenderness to palpation in the lumbar paraspinal muscle groups. Fenoprfen 400mg appears in the progress note for the first time. There is no documentation with evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement for Fenoprfen and a current list of medications in serial progress notes, Fenoprfen 400 mg #60 is not medically necessary.