

Case Number:	CM15-0010109		
Date Assigned:	01/27/2015	Date of Injury:	11/04/1991
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old male injured worker suffered and industrial injury on 11/4/1998. The diagnoses were chronic low back pain and lumbago. The treatments were medications and home exercise program with total knee replacement pending. The treating provider reported paravertebral tenderness with spasms in the lumbar spine. The range of motion was restricted and guarded. The exam revealed tingling and numbness in the lower extremity. The pain was 6/10. The Utilization Review Determination 12/23/2014 non-certified Fenoprofen 400mh #120, citing MTUS Chronic pain Treatment Guidelines, NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroid anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1998. The medical course has included numerous diagnostic and treatment modalities use of several medications including NSAIDs. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of fenoprofen is not substantiated in the records.