

Case Number:	CM15-0018916		
Date Assigned:	02/06/2015	Date of Injury:	12/02/2010
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female sustained an industrial injury on 12/2/10, with subsequent ongoing neck and upper extremity pain. In a PR-2 dated 1/19/15, the physician noted that recent magnetic resonance imaging cervical spine showed acute right C7 radiculopathy with central canal stenosis and disc protrusion. The injured worker complained of increased right hand pain after an injection last month. The injured worker reported using Ketoprofen and Dendracin topical cream for years. The injured worker reported that these medications decreased her pain by 50%. The injured worker also reported recently taking limited amounts of Ketoprofen because oral medications at times upset her stomach. The injured worker preferred the use of Dendracin topical cream. Physical exam was remarkable for cervical spine with pain upon range of motion and limited range of motion with positive Spurling's sign and normal sensation to bilateral upper extremities with 5/5 motor strength. Current diagnoses included radiculopathy, cervical disc with radiculitis, cervicgia, tendinitis and facet arthropathy syndrome. The treatment plan included continuing Dendracin cream and refilling Fenoprofen 400 mg three times a day. On 1/29/15, Utilization Review noncertified a request for Fenoprofen capsule 400mg 1 cap three times a day (30 days) quantity; 90, no refills citing ODG guidelines. As a result, of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen capsule 400mg 1 cap three times a day (30 days) quantity; 90, no refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints NSAIDs Page(s): 8-9, 67-68.

Decision rationale: The 1/29/15 Utilization Review letter states the Fenoprofen requested on the 1/19/15 medical report was denied because the reviewer did not see why an anti-inflammatory medication was needed, and how the medication has been of more functional improvement than over-the-counter anti-inflammatory medications. According to the 1/19/15 medical report, the patient presents with neck and upper extremity pain. The diagnoses included: radiculopathy; cervical disc injury; cervicgia; tendinitis; facet arthropathy. Medications included: Ketoprofen 75mg bid; Dendracin topical. The plan was to continue Dendracin cream and "Refill fenoprofen capsules" The prior medical report dated 11/14/14 shows use of Ketoprofen and Dendracin but not fenoprofen. The available medical reports do not discuss why both ketoprofen and fenoprofen are required. There is no discussion of efficacy with use of fenoprofen, either by itself or in combination with the ketoprofen. The medications were reported to cause stomach upset. MTUS Chronic Pain Medical Treatment Guidelines, pg 67-68, NSAIDs, for chronic low back pain states these are "Recommended as an option for short-term symptomatic relief" and a review study "suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The provided medical reports state that Ketoprofen and topical Dendracin reduced pain by 50%, but did not discuss any additional benefits with addition of fenoprofen. MTUS states no one NSAID is more effective than another, and recommends continuing treatment if there is functional improvement. There reporting did not discuss any benefits with use of fenoprofen. The request for Fenoprofen capsule 400mg, 1 capsule 3 times a day, (30 days) quantity: 90, no refills, IS NOT medically necessary.