

Case Number:	CM15-0118591		
Date Assigned:	06/26/2015	Date of Injury:	12/20/1976
Decision Date:	08/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 12/230/1976. The mechanism of injury is not clear. The injured worker was diagnosed as having cervical/lumbar discopathy, carpal tunnel/double crush syndrome, cervicalgia, and plantar fasciitis. Treatment to date has included medications, and physical therapy. The request is for Fenoprofen. Several pages of the medical records have handwritten information which is difficult to decipher. On 8/26/2014, he complained of neck and low back pain. His symptoms are noted to have remained unchanged from the previous assessment and rated 7/10. On 3/3/2015, the PR-2 noted he was currently taking Metoprolol and blood pressure is to be checked. His blood pressure was 123/86. The treatment plan included: stopping Naprosyn. On 3/31/2015, he complained of increasing neck and back pain with radiation to the upper and lower extremities. The neck pain is characterized as sharp, and associated with headaches. He rated his pain 7/10. The low back pain was characterized as sharp, and associated with radiation into the lower extremities. He rated this pain 7/10. His neck and back pain are noted to be worsening. Physical findings revealed tenderness in the neck with muscle spasms noted, and tenderness in the low back with a positive seated nerve root test. The treatment plan included: physical therapy, home exercise program, and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Fenoprofen 400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Functional restoration approach to chronic pain management Page(s): 67-73, 8-9.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment guidelines, Fenoprofen is considered an NSAID (non-steroidal anti-inflammatory drug). The CA MTUS guidelines recommend NSAIDs as an option at the lowest dose for symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbation of chronic pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and Cox-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. In this case the documentation is not clear why the injured worker had been changed from Naprosyn to Fenoprofen. There is no indication of failure of Naprosyn. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The records do reflect long-term utilization of NSAIDs. The injured worker's level of pain remained the unchanged from August 2014, to March 2015. The records do not reflect evidence of functional improvement with the utilization of NSAIDs. Therefore, the request for Fenoprofen is not medically necessary.