

Case Number:	CM15-0021471		
Date Assigned:	02/11/2015	Date of Injury:	11/05/2013
Decision Date:	07/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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, 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 34 year old, male who sustained a work related injury on 11/5/13. The diagnoses have included lower back pain, pain lower extremity, lumbosacral sprain/strain, lumbar facet arthropathy and lumbosacral radiculitis. Treatments have included a home exercise program, TENS unit therapy, medications and acupuncture. In the PR-2 dated 1/5/15, the injured worker complains of increased low back pain with radiation to both legs with numbness and tingling, right greater than left. He states that medications help with pain about 30-40%. He has decreased lumbar range of motion. He has tenderness over the lower lumbar facet joints with paraspinal muscle spasm. The treatment plan includes refills of prescriptions and a request for a heating pad for trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen 400 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are 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. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back pain; upper/lower extremity pain; lumbosacral/joint/ligament sprain/strain; lumbar facet arthropathy; and lumbosacral radiculitis unspecified. The date of injury is November 5, 2013. The earliest progress note in the medical record dated July 26, 2014 shows Naprosyn 550 mg b.i.d. was prescribed to the injured worker. The injured worker has low back pain radiating to the right leg with VAS pain scale 8/10. In an October 23, 2014 progress note Naprosyn 550 mg was discontinued. There was no clinical rationale for discontinuing Naprosyn. In a September 17, 2014 progress note, Fenoprofen 400 mg was prescribed. It is unclear whether Fenoprofen was refilled on this date. The pain scale remained at 8/10. A peer review dated September 26, 2014 noncertified Fenoprofen. The most recent progress note in the medical record dated July 5, 2015 (request for authorization same date), show the treating provider requested Fenoprofen 400 mg. The VAS pain scale remained 8/10. It is unclear whether the injured worker was taking Fenoprofen 400 mg based on the utilization review denials. There was no clinical rationale in the medical record for discontinuing Naprosyn 550 mg on August 23, 2014 and starting a more selective non-steroidal anti-inflammatory, Fenoprofen 400mg. There is no evidence to recommend one drug in this class over another based on efficacy. Additionally, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. There is no documentation of an attempt to wean the NSAID in the record. The VAS pain scale remained at 8/10 throughout the documentation. There is no documentation indicating objective functional improvement with ongoing non-steroidal anti-inflammatory drug use. Consequently, absent clinical documentation with objective functional improvement to support ongoing non-steroidal anti-inflammatory drug use, with persistently elevated VAS pain scores and a clinical rationale for changing from one non-steroidal anti-inflammatory to another, Fenoprofen 400 mg #60 is not medically necessary.