

<b>Case Number:</b>	CM14-0142614		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31 year old male with an injury date of 06/17/10. Based on 08/21/14 progress report provided, the patient has low back pain rated 8/10 that radiates to right lower extremity. Physical examination reveals decreased range of motion to the lumbar spine and tenderness to palpation in lumbar paraspinal muscles. Under treatment plan of progress report 08/21/14, it is stated that patient continues with Sertraline, Fenoprofen and Omeprazole. Diagnosis 08/21/14- lumbar discogenic syndrome- lumbosacral or thoracic neuritis or radiculitis, unspecified- myofascial pain- poor coping with pain- depression Treating physician is requesting Fenoprofen 400mg #60. The utilization review determination being challenged is dated 08/28/14. The rationale is "no evidence of objective functional benefit."

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications Page(s): 60, 61, 22.

**Decision rationale:** The patient presents with low back pain that radiates to right leg. The request is for Fenoprofen 400mg #60. Patient's diagnosis based on 08/21/14 includes lumbar discogenic disease, lumbosacral radiculitis and myofascial pain. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Fenoprofen. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request for Fenoprofen 400mg #60 is not medically necessary.