

Case Number:	CM14-0148975		
Date Assigned:	09/18/2014	Date of Injury:	04/17/2012
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 38-year-old male with a reported injury on 04/17/2012. The mechanism of injury was lifting sheetrock. The injured worker's diagnoses included lumbar discogenic syndrome, lumbosacral or thoracic neuritis, lumbar strain/sprain, and myofascial pain. The injured worker's previous treatments included medications. There was no documentation of pertinent diagnostic testing. The provided documentation indicated the injured worker was considering a second lumbar surgery, though no documentation was provided regarding the first. The injured worker was evaluated on 08/15/2014 for low back pain, which he rated at 5/10 with radiation and tingling to the right foot. The injured worker's medications included Fenopropfen and cyclobenzaprine. The request was for Fenopropfen 400 mg #60. The rationale for the request was for the diagnoses mentioned above. The Request for Authorization form was submitted on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenopropfen 400mg #60: 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 Page(s): 67-68.

Decision rationale: The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines do recommend the use of non-steroidal anti-inflammatories at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The documentation provided did not indicate whether this was an initial prescription or a refill prescription. There is no indication that the injured worker was using acetaminophen. Additionally, the request for Fenoprofen did not include a frequency of dosing. Therefore, the request for Fenoprofen 400 mg #60 is not medically necessary.