

<b>Case Number:</b>	CM13-0018998		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	04/26/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational Medicine 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 62-year-old female with date of injury of 10/01/2012. The most recent qualified medical examination, dated 11/19/2013, lists the subjective complaints as pain in the right wrist, hand and thumb. She states that the injury to her right thumb has gotten worse and her hand and wrist are about the same. The objective findings indicate that an examination of the right wrist revealed discomfort with deep palpation at the volar aspect. Mild radial discomfort was noted as well. The Tinel's sign was positive. The range of motion was not affected. An examination of the right hand and thumb revealed a palpable nodule at the volar aspect. No active triggering or tenderness was noted. The range of motion of the thumb and all fingers was unrestricted and painless. The diagnoses include: 1. Stenosing flexor tenosynovitis, right thumb; 2. Carpal tunnel syndrome, right wrist; and 3. De Quervain's tenosynovitis, right wrist. The medical records provided to this reviewer document that the patient has been taking the following medications for at least as far back as 4/29/2013. The medications include: 1. Tylenol (no dosage given); and 2. Motrin (no dosage given).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL KETOPROFEN:** 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 (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS). Page(s): 67-73.

**Decision rationale:** Ketoprofen was authorized for tow (2) months. The review of the records during that time failed to show any functional improvement, or decrease in the patient's pain. The Chronic Pain Guidelines recommend ketoprofen at the lowest dose, for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Ketoprofen refills are not medically necessary.