

Case Number:	CM13-0020529		
Date Assigned:	10/11/2013	Date of Injury:	10/01/2012
Decision Date:	01/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

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 61-year-old injured worker with a reported injury to their right hand on October 1, 2012. The records indicate a current diagnosis of carpal tunnel syndrome. A Prior electrodiagnostic study report dated May 14, 2013 demonstrates evidence of mild right median mononeuropathy consistent with a diagnosis of mild carpal tunnel syndrome. Recent clinical assessment dated August 9, 2013 gives diagnosis of carpal tunnel syndrome, with positive electrodiagnostic study, with a physical exam showing a positive Tinel and Phalen test, and reverse Phalen's test. The patient was also diagnosed with a right trigger finger. Recommendations at that time were for a carpal tunnel release as well as a trigger finger release procedure given the patient's ongoing complaints despite conservative care that has been unsuccessful including therapy, bracing and nonsteroidal medications. There is a current request for a refill of Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill for Ketoprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, continued use of nonsteroidal's in this case would not be indicated. Medical records provided for

review indicates that the employee has seen no significant benefit with the use of nonsteroidal agents, and surgical intervention in the form of a carpal tunnel release procedure has been recommended. Failure of a trial of the medication would not support a medical necessity in this case for the diagnosis of carpal tunnel syndrome. The clinical Guidelines also indicate that there is inconsistent evidence for the long term use of nonsteroidal medication for neuropathic diagnosis. The request for a refill of Ketoprofen is not medically necessary and appropriate.