

Case Number:	CM13-0056734		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2012
Decision Date:	06/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 54-year-old man who sustained a work related injury on August 02 2012. Subsequently she developed a right wrist pain with radiation to the right elbow, forearm and fingers. According to the note of October 31 2013, the patient's physical examination showed positive Tinel's sign at the right wrist. He was diagnosed with right ulnar impingement syndrome and right hand/wrist arthrosis. The patient previously underwent right wrist arthroscopy, synovectomy, scapholunate ligament thermal shrinkage, and triangular fibrocartilage debridement on December 05 2012; and right forearm ulnar shortening osteotomy on June 19 2013. The right wrist/forearm x-rays dated September 19 2013 showed a partially healed ostcotomy with intact hardware. The patient is currently on hydrochlorothiazide 25mg, with no frequency provided, Kloreon 8mg, with no frequency provided, and amlodipine 10mg, with no frequency provided. The provider requested authorization for Ultracet and Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation evidence basis used by the claims administrator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. It is not clear from the patient chart that first line pain medications were previously attempted. In addition, there is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. Therefore, the prescription of ULTRACET 37.5/325 mg #60 is not medically necessary.

KETOPROFEN 20% 120 GRAMS # 1 TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Forearm, Wrist, & Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photo contact dermatitis. Based on the above Ketoprofen 20% 120g #1 tube is not medically necessary.