

<b>Case Number:</b>	CM13-0069307		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 male who reported an injury on 3/20/08. The mechanism of injury was not provided in the medical records. The patient was diagnosed with pain in the limb, electrocution, non-fatal effects of electric current, intracranial injury of other and unspecified nature without mention of open intracranial wound, and reflex sympathetic dystrophy of the upper limb. The patient's symptoms included persistent bilateral forearm and hand pain which was worse on the left side. The patient described his pain to be 3/10 in severity, pins and needle type, associated with numbness. The patient's current medications were noted to be helping without adverse effects. The patient was encouraged to do home exercises and use topical sunscreen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN CREAM 10%, ½ TEASPOON 3 TIMES A DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the California MTUS guidelines, nonsteroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. Guidelines also state that Ketoprofen is not currently FDA approved for a topical application due to an extremely high incidence of photocontact dermatitis. The most recent clinical note provided failed to indicate the medical necessity of the requested medication. As the guidelines state that Ketoprofen is not currently FDA approved and the documentation failed to provide medical necessity, the request is noncertified.

**REFILL 90 HYDROCODONE 10/325MG (NORCO), 1 EVERY 8 HOURS AS NEEDED (DISPENSED 11/25/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** According to the California MTUS guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring, i.e. analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The most recent clinical note provided indicated that the patient's current medications are helping without adverse side effects. However, the documentation failed to provide evidence of increased function. The requesting provider did not include an adequate and complete assessment of the patient's pain. There was a lack of documentation indicating the presence or absence of aberrant drug-taking behaviors. In the absence of detailed documentation for the ongoing use of opioid medications, the request is noncertified.