

Case Number:	CM14-0106422		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2013
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 48 year-old female who was reportedly injured on 10/29/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 4/22/2014, indicates that there were ongoing complaints of right wrist pain. The physical examination demonstrated cervical spine: positive tenderness and spasm. The Range of motion was within normal limits. Bilateral shoulders: unremarkable exam. Elbow minimally tender over the extensor mass. Right wrist: full range of motion. No instability noted. Mild swelling is noted of the distal radius. Diagnostic imaging studies venous Doppler of the right lower extremity on 6/3/2014, which revealed normal exam. No evidence of venous thrombosis. Previous treatment includes physical therapy, medications, bracing, and conservative treatment. A request was made for Ketoprofen powder compound 120 mg and was denied in the pre-authorization process on 7/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Powder compound 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured worker has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis of right shoulder impingement syndrome, right wrist sprain, left forearm/wrist strain. With no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is deemed not medically necessary.