

<b>Case Number:</b>	CM14-0051036		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency 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 62 year-old male, who sustained an injury on July 23, 2007. The mechanism of injury occurred from falling down steps. Diagnostics have included: December 10, 2008 EMG was reported as showing mild right median neuropathy. Treatments have included: right carpal tunnel release October 3, 2013; occupational therapy; medications. The current diagnoses are: s/p right carpal tunnel release October 3, 2013; left carpal tunnel syndrome, cubital tunnel syndrome and left ulnar nerve entrapment, lumbosacral neuritis, r/p lumbar disc displacement. The stated purpose of the request for Docuprene 100mg #60 was not noted. The request for Docuprene 100mg #60 was denied on March 19, 2014, noting that there is no use for Docuprene following a routing carpal tunnel. Per the report dated February 25, 2014, the treating physician noted complaints of right hand pain, with exam findings including positive left wrist Tinel, Phalen and Durken signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Page 77, Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The California MTUS Chronic Pain Treatment Guidelines, Opioids, Initiating Therapy, note that prophylactic treatment of constipation should be initiated. The injured worker has right hand pain. The treating physician has documented positive left wrist Tinel, Phalen and Durken signs. The injured worker has right hand pain. The treating physician has documented positive left wrist Tinel, Phalen and Durken signs. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, therefore, the request for Docuprene 100mg #60 is not medically necessary and appropriate.