

Case Number:	CM14-0054776		
Date Assigned:	07/09/2014	Date of Injury:	01/04/2011
Decision Date:	12/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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:

According to the records made available for review, this is a 52-year-old female with a 1/4/11 date of injury. At the time (3/12/14) of request for authorization for Med RQ Ketoprofen Cream and Naproxen 550 mg tab po bid prn Pain #60 with 2 refills, there is documentation of subjective (bilateral wrist, hand, forearm, and elbow pain) and objective (bilateral tenderness over the wrists; restricted range of motion of the right elbow and forearm, and bilateral wrists; decreased deep tendon reflexes of the bilateral hands; and decreased sensation in the bilateral hands) findings, current diagnoses (bilateral wrist tendinitis, right lateral epicondylitis, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release), and treatment to date (medications (including ongoing treatment with Naproxen)). Regarding Naproxen 550 mg tab, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med RQ Ketoprofen Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist tendinitis, right lateral epicondylitis, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release. However, the requested Med RQ Ketoprofen Cream contains at least one drug (Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Med RQ Ketoprofen Cream is not medically necessary.

Naproxen 550 mg tab po bid prn Pain #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist tendinitis, right lateral epicondylitis, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550 mg tab po bid prn Pain #60 with 2 refills is not medically necessary.