

Case Number:	CM14-0073123		
Date Assigned:	07/16/2014	Date of Injury:	03/31/2013
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 50-year-old female who reported an injury on 03/31/2013. The mechanism of injury was not provided. On 04/17/2014, the injured worker presented with pain in the right shoulder, arm, and 5th finger. Upon examination of the right 5th digit, it had swelling with redness, tenderness to palpation, and 4/5 grip strength. The right antecubital fossa and anterior right shoulder was mildly tender to palpation. There was an x-ray of the right hand that revealed a fracture of the 5th finger, middle phalanx, oblique fracture, displaced, angulated 30 degrees. The diagnoses were comminuted right 5th middle phalanx fracture healing, finger pain of the right 5th finger, arm pain to the right, myofascial pain syndrome, and status post finger laceration that was well healed. Current medications included ketoprofen, Theramine, and Sentra AM and PM. Ketoprofen cream was recommended in order to decrease oral medications. Theramine was prescribed to help exertion of NSAIDs, Sentra PM to aid with sleep and energy and Sentra AM to help with alertness and energy. The request for authorization from was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for ketoprofen cream: Upheld

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

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

Decision rationale: The request for 1 Prescription for ketoprofen cream is not medically necessary. California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding the use of ketoprofen, this agent is not currently FDA approved for topical application. As the guidelines do not recommend ketoprofen for topical application, the compound would not be supported. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the ketoprofen cream or the site that is indicated for the request as submitted. As such, the request is not medically necessary.

90 Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Food.

Decision rationale: The request for 90 Theramine is not medically necessary. The Official Disability Guidelines state Theramine (which is a medical food) is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician, rented for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or for tube feeding. The injured worker does not have a disease or condition for which distinctive nutrition requirements are required and is not intended for specific dietary management of a disease. Additionally, medical food must be consumed or administered enterally under the supervision of a physician. There is lack of documentation regarding a dose, quantity, and frequency of the medication in the request as submitted. As such, the request is not medically necessary.

60 Sentra PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Food.

Decision rationale: The request for 60 Sentra PM is not medically necessary. The Official Disability Guidelines state Sentra PM (which is a medical food) is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician, rented for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or for tube feeding. The injured

worker does not have a disease or condition for which distinctive nutrition requirements are required and is not intended for specific dietary management of a disease. Additionally, medical food must be consumed or administered enterally under the supervision of a physician. There is lack of documentation regarding a dose, quantity, and frequency of the medication in the request as submitted. As such, the request is not medically necessary.

60 Sentra AM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Food.

Decision rationale: The request for 60 Sentra AM is not medically necessary. The Official Disability Guidelines state Sentra AM (which is a medical food) is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician, rented for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or for tube feeding. The injured worker does not have a disease or condition for which distinctive nutrition requirements are required and is not intended for specific dietary management of a disease. Additionally, medical food must be consumed or administered enterally under the supervision of a physician. There is lack of documentation regarding a dose, quantity, and frequency of the medication in the request as submitted. As such, the request is not medically necessary.