

Case Number:	CM14-0086811		
Date Assigned:	07/23/2014	Date of Injury:	01/04/2011
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and Pulmonary Diseases 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 52-year-old female who reported an injury on 01/04/2011. The mechanism of injury was repetitive motion. The diagnoses included bilateral upper extremity repetitive overuse injury, bilateral wrist tendinitis, right lateral upper epicondylitis, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel syndrome. The previous treatments included medication and surgery. Within the clinical note dated 02/12/2014, it was reported the injured worker complained of bilateral wrist and hand pain, and right forearm and right elbow pain. She rated her pain 7/10 in severity. Following after, the injured worker then complained of increased pain and tingling in her hands and wrist bilaterally. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the bilateral wrist, right elbow, and right forearm. The bilateral wrist range of motion was restricted by pain in all directions. The provider noted the injured worker had muscle strength of 5/5 in all limbs except 4+/5 in the right rib and right interossei. The provider noted the injured worker had reduced sensation to light touch in the bilateral hands. The provider requested ketoprofen. There were also no rationale and authorization provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Qty 60: 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 NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage and frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request for Ketoprofen Qty 60 is not medically necessary.