

Case Number:	CM14-0187387		
Date Assigned:	11/17/2014	Date of Injury:	01/31/2010
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 33 year-old female who sustained an injury on January 31, 2010. The mechanism of injury was not noted. Pertinent diagnostics were not noted. Treatments have included 2011 surgery left wrist, physical therapy, and medications. The current diagnoses are left wrist tenosynovitis, De Quervain's tenosynovitis, and wrist sprain. The stated purpose of the request for Fenoprofen 100mg #60 was not noted. The request for Fenoprofen 100mg #60 was denied on October 17, 2014, citing a lack of documentation of subjective or objective findings necessitating pain medication. Per the report dated September 24, 2014, the treating physician noted left wrist pain and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Fenoprofen 100mg #60 is not medically necessary. The California's Division of Worker's Compensation Medical Treatment Utilization Schedule

(MTUS), Chronic Pain Medical Treatment Guidelines, page 22; Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has left wrist pain and tenderness. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use. The criteria noted above not having been met. Therefore, Fenoprofen 100mg #60 is not medically necessary.