

<b>Case Number:</b>	CM14-0188413		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family 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:

This 57-year old female was injured on June 12, 2009. The mechanism of injury is unknown. The impression was for cervical sprain, unspecified intracranial injury w/o open wound, TMC arthritis right hand and mild right carpal tunnel syndrome. In physician's report dated October 9, 2014, the injured worker continued to have bilateral hand pain and wrist pain. Exam of the cervical spine revealed tender paravertebral muscles and spasm. Range of motion was decreased by 30% with a positive Spurling's test. As noted in the treatment plan, she should continue taking medications and an order for a consultation with an orthopedic hand surgeon was noted for her right hand carpal tunnel syndrome. Notes stated that she failed conservative treatment. On November 19, 2014, an orthopedic consultation for right thumb pain was performed. She complained of pain at the base of the right thumb with some tingling in the ulnar three digits of both hands. Current medications were listed as none. Upon examination, mild to moderate swelling was noted at the base of the right thumb. There was full range of motion in all digits of both hands and wrists. A request was made for Ketoprofen 75 mg #60 refill x2. On October 20, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 MG #60 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** According to guidelines it states NSAIDS should be used for a short duration. The patient shows no improvement while being on NSAIDs. Acetaminophen is also recommended as fist line therapy. Patient has been on NSAIDs for prolonged periods of time and thus is not medically necessary.