

Case Number:	CM14-0092144		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2011
Decision Date:	09/18/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 36-year-old male who reported an injury on 05/11/2011. The mechanism of injury was not provided for clinical review. The diagnoses include right De Quervain's tenosynovitis, right wrist sprain, extensor tenosynovitis on the right side, status post surgery on the right hand, status post release 1st dorsal compartment, right wrist, and resection of mass, right ring finger. The previous treatments included medication and surgery. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of pain of the right wrist and hand. He rated his pain 5/10 in severity. The injured worker reported having slight numbness. The injured worker complained of extreme weakness in the hand, always having a fear of dropping items. Upon the physical examination, the provider noted the injured worker had paracervical tenderness to palpation of the paracervical base of the cranium to T1. The range of motion was forward flexion of 45 degrees and extension of 45 degrees. The provider recommended Norco for severe pain and ketoprofen. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco (Hydrocodone/APAP) 5/325mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues or abuse, addiction, or poor pain control. There is a lack of documentation indicating an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Ketoprofen Powder 10% Cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Ketoprofen Powder 10% Cream 60gm is not medically necessary. The California MTUS Guidelines state that topical NSAIDs are recommended for 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 weeks to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines' recommendation of short term use. The request submitted failed to provide the frequency and the treatment site of the medication. Therefore, the request is not medically necessary.