

<b>Case Number:</b>	CM15-0098799		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old who has filed a claim for chronic elbow, wrist, and hand pain reportedly associated with an industrial injury of October 3, 2012. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for Naprosyn apparently prescribed and/or dispensed on or around March 3, 2015. The applicant's attorney subsequently appealed. In a progress note dated November 10, 2014, the applicant reported multiple complaints of neck, hand, wrist pain with derivative complaints of headaches, dizziness and depression. The applicant had received extensive physical therapy and acupuncture, it was acknowledged. The applicant was not working and had last worked in December 2012, it was reported. The applicant was using Norco, Norflex, Prilosec, oral ketoprofen and Terocin patches, it was acknowledged. Multiple medications were renewed. Various consultations were proposed while the applicant's permanent work restrictions were renewed. In an applicant questionnaire dated March 30, 2015, the applicant acknowledged that she was not, in fact, working. In an associated progress note of the same date, March 30, 2015, the applicant was described as having persistent hand pain with difficulty gripping, grasping, and manipulating. Dysesthesias about the second to fourth digits of the right hand were reported. A hand surgery consultation was endorsed to further evaluate. In a physiatry consultation dated March 30, 2015, the applicant reported complaints of hand, wrist and finger pain with associated paresthesias about the right wrist. The applicant reported difficulty gripping and grasping. The applicant was not working, it was acknowledged. A 6/10 hand pain and associated paresthesias were reported. The applicant was given various diagnoses, including right wrist de Quervain's

tenosynovitis. Ultracet, Naprosyn, Pamelor, a ketoprofen-containing cream for the thumb and elbow, and a thumb spica support for de Quervain's tenosynovitis were endorsed. In a progress note dated March 3, 2015, the applicant reported multifocal complaints of wrist and hand pain. The applicant was given prescriptions for Ultracet, Naprosyn, Pamelor and a topical compounded cream. The prescriber on this date was a physiatrist, i.e., a different provider than the prescriber who furnished the prescription for Relafen on March 30, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: universal 8" thumb spica, dispensed 03/03/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Yes, the thumb spica splint dispensed on March 30, 2015 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for de Quervain tenosynovitis, i.e., the diagnosis reportedly present here. The applicant was described as having issues with hand and wrist pain with a positive Finkelstein maneuver appreciated on March 30, 2015. Splinting was, thus, indicated in response to the applicant's seeming development of issues with de Quervain tenosynovitis, as suggested by ACOEM. Therefore, the request was medically necessary.

**Retro: Naproxen Sodium 550mg quantity 60, dispensed 03/03/2015:** 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should incorporate some discussion of applicant specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, it appeared that the applicant had received prescriptions for Naprosyn on March 3, 2015 from one provider and went on to receive a prescription for second anti-inflammatory medication, Relafen, on March 30, 2015, from another provider. The provider of March 30, 2015 also stated that the applicant was using yet another anti-inflammatory medication, oral ketoprofen, in another section of the note, which reportedly could effect. The documentation on file, in short, did not provide any support for what appeared to be concurrent provision of prescriptions for three different anti-inflammatory medications, Relafen, oral ketoprofen and the Naprosyn at issue. Therefore, the request was not medically necessary.

**Retro: CM3-Ketoprofen 20%, dispensed 03/03/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen.

**Decision rationale:** Conversely, the request for a ketoprofen-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not FDA approved for topical application purposes. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals including Naprosyn, Ultracet, etc., effectively obviated the need for the ketoprofen cream in question. Therefore, the request was not medically necessary.