

Case Number:	CM14-0146057		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2012
Decision Date:	10/23/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The injured worker is a 40 year old female injured on 07/24/12 when injured worker struck hand against plastic container resulting in numbness and difficulty with range of motion. Diagnosis included chronic left hand pain, left hand internal derangement, left hand contusion, and left hand neuropathic pain. The injured worker underwent injection to the hand and medication management without significant relief. Clinical note dated 06/19/14 indicated the injured worker presented complaining of chronic left hand pain and decreased sleep. The injured worker rated pain 9/10 on VAS. Medications included Naproxen and Tramadol. Physical examination revealed tenderness to palpation in the palm and dorsum of the left hand, restricted ranges of motion due to pain, muscle stretch reflexes one and symmetric bilaterally in all limbs, muscle strength 5/5 in all limbs, sensation intact to light touch/pin prick/proprioception/vibration in all limbs, all other findings within normal limits. Treatment plan included refill of Tramadol, Ibuprofen, and request for MRI of the left hand. The initial request was non-certified on 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90, 2refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Ibuprofen 800mg #90, 2 refills cannot be established as medically necessary.