

Case Number:	CM14-0154222		
Date Assigned:	09/24/2014	Date of Injury:	04/05/2013
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Acupuncture & Pain 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 is a 59 year old male injured worker with a date of injury 4/5/13 with related left hand pain. Per progress report dated 7/22/14, the injured worker complained of constant moderate throbbing left wrist pain rated 6/10. He also had complaints of constant moderate achy left hand pain and numbness rated 5/10. Sensation was decreased globally to the left upper extremity, and there was tenderness to palpation of the dorsal wrist. Range of motion of the left wrist was decreased due to pain. Reverse Phalen's test, and Finkelstein's test caused pain. Treatment to date has included physical therapy and medication management. The date of UR decision was 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 78, 84, 105 and 111-113.

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

Decision rationale: Current MTUS guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand, it should be noted that there are no placebo trials of efficacy

and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. The request as indicated for the injured worker's hand pain, however, as there is no quantity information specified (dosage), the request is not medically necessary.