

Case Number:	CM14-0002385		
Date Assigned:	01/24/2014	Date of Injury:	12/18/2000
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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 patient is an employee of [REDACTED] who has submitted a claim for bilateral wrist tendinitis s/p right carpal tunnel release and De Quervain's release associated with an industrial injury date of 12/18/2000. Treatment to date has included, rest, immobilization, and right carpal tunnel release with de Quervain's release. Medications taken were Ibuprofen, Vicodin and Medrox. Medical records from 2013 were reviewed which showed that her symptoms worsened with cold weather. There was pain and stiffness on both wrists. Her pain scale was graded 6/10 with medications, and 8-9/10 without. Physical examination showed tenderness over the first articular compartment, right flexor and extensor tendons. Active range of motion of the right wrist was limited on all planes. Utilization review from 12/19/2013 denied the request of 60 tablets of Ibuprofen 600mg between 12/16/2013 and 1/30/2014 because of lack of information that necessitates its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG 60 TABLETS (BETWEEN 12/16/2013 AND 1/30/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines NSAID'S (Non-Steroidal Anti-Inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009
Page(s): 22.

Decision rationale: As stated on page 22 of CA MTUS Chronic Pain Treatment Guidelines, anti- inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In this case, patient had persistence of bilateral wrist pain despite treatment with opioids and topical analgesics. Patient complaint was corroborated by objective findings of tenderness and limitation of motion of both wrists. There was no previous intake of NSAID. The guideline criteria have been met; therefore, the request for Ibuprofen 600mg 60 tablets between 12/16/2013 and 1/30/2014 is medically necessary.