

Case Number:	CM14-0016538		
Date Assigned:	04/11/2014	Date of Injury:	07/11/2012
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 a 41 year old male who was injured on 07/11/2012 when his right fifth finger was caught in the machine, amputating his fingertip and nail. Prior treatment history has included physical therapy, medications such as ibuprofen and omeprazole. The patient underwent right fifth digit surgery on 07/11/2012. Orthopedic consultation report dated 11/15/2013 indicates the patient presents with complaints of intermittent right fifth finger pain radiating to his forearm. His pain is present 60-70% of the time. He has weakness in his right hand. He rates his pain 7/10 on most days and 4/10 on a good day. On a bad day, his pain increases to an 8/10. His pain increases with cold weather, griping, grasping, and repetitive hand and finger movements. His pain becomes worse in the mornings and evenings. He does state medications help to alleviate the pain. On exam, his circumferential measurements for biceps are 22.5 cm on the right and 22 cm on the left; wrist is 15.5 cm on the right; 16 cm on the left. Bilateral wrist exam show no scars, ecchymoses or swelling. There is no tenderness. On bilateral hand exam, there is an amputation of the distal fifth finger over the right hand. There is a well-healed surgical incision over the distal fifth finger with a retained nail and cyst formation with overgrowth at the distal stump. At least 75% of the distal phalanx has been amputated in the right fifth finger. The patient has been diagnosed with an amputation of the right fifth finger with 75% loss of the distal phalanx; and right fifth finger retained nail with cyst formation and overgrowth at the distal stump.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOSOCIAL EVALUATION & TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: This is a request for psychosocial evaluation and treatment for chronic pain. MTUS guidelines recommend psychological evaluations for patients with chronic pain, which would be an appropriate intervention in this case. However, psychological evaluation should be done prior to psychosocial evaluation and treatment. There is no available documentation of prior psychological evaluation. Therefore, psychosocial evaluation and treatment is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This is a request for urine drug screen. However, the patient had a normal urine drug screen about one year prior to this request. The patient is not currently taking narcotics. There is no documented suspicion of drug abuse or aberrant behavior in the provided records. Therefore the request for Urine Drug Screen is not medically necessary.

IBUPROFEN 800MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: This is a request for ibuprofen 800 mg, which the patient has been taking on a chronic basis for chronic pain due to partial amputation of the right 5th distal phalanx. NSAIDs are recommended at the lowest dose for the shortest duration possible for relief of pain. The patient does not carry a diagnosis of osteoarthritis. Pain reduction and functional improvement due to ibuprofen use are not documented in the available medical records. Therefore, the request for Ibuprofen is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: This is a request for omeprazole, to prevent gastrointestinal (GI), upset with concurrent NSAID use. However, there is no documentation of GI disturbance nor is the patient at intermediate or high of GI events due to NSAID use. Further, chronic high dose NSAIDs in this patient is not medically necessary.

TOPICAL MEDICATIONS: Upheld

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

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

Decision rationale: This is a request for topical medications for remote right fifth fingertip amputation and chronic pain. However, exact topical medications are not specified. The medical records indicate a prescription was provided for topical cyclobenzaprine, tramadol, and gabapentin among others in the past. These agents are not recommended by guidelines for topical application. Further, some topical medications are recommended for short-term use after failure of oral therapy, which is not documented. Therefore, based on guidelines, the request for Topical Medications are not medically necessary.