

Case Number:	CM14-0112647		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2014
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of February 3, 2014. A utilization review determination dated June 20, 2014 recommends non-certification of acetaminophen 500mg #60 refill x 2, Ibuprofen 600mg #90 refill x 2, and a triple phase of bone scan. A progress note dated June 11, 2014 identifies subjective complaints of right hand and wrist pain. The patient reports to be currently taking over-the-counter Ibuprofen 600mg TID and Tylenol b.i.d. which are providing about a 50% decrease in the patient's pain level. The patient describes her pain as cramping in character in the volar aspect of her hand, and the average pain level is rated at a 5/10 to 6/10. The pain is increased with increased use and the pain is decreased with rest and medications. The patient reports occasional symptoms of numbness in the volar aspect of her hand and in her fingertips and she also complains of right shoulder pain. A physical examination of the right upper extremity identifies no active joint effusion, no erythema, no warmth, normal range of motion throughout, no crepitus, and mild tenderness of the volar aspect of the right hand. The right upper extremity strength is a 5 on the shoulder girdle, with elbow flexion, and with elbow extension, right wrist flexion, wrist extension, and grip are a 4, sensation is equal to light touch in the right upper extremity. There is a positive Tinel's test and equivocal Phalen's test (side and site not specified for either test). The diagnoses include chronic pain, pain in limb - right hand rule out RSD, and alteration of sensations rule out entrapment neuropathy. The treatment plan recommends a triple phase bone scan to assess for RSD, as well as electrodiagnostic studies of the right upper extremity to assess for entrapment neuropathy, and prescriptions for Ibuprofen 600mg #90 and Acetaminophen 500mg #60. An EMG/NCS report dated June 25, 2014 identifies an abnormal study with evidence of mild right carpal tunnel syndrome affecting the sensory component only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 500mg #60 RF x 2 and ibuprofen 600mg #90 RF x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) and NSAIDs Page(s): 11, 12, 67, 68, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 12 of 127 ; Page 67-72 of 127.

Decision rationale: Regarding the request for Acetaminophen 500mg #60, and Ibuprofen 600mg #90, the Chronic Pain Medical Treatment Guidelines state that Acetaminophen is recommended for treatment of chronic pain & acute exacerbations. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by-case basis. Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that acetaminophen and/or Ibuprofen is providing objective functional improvement. In the absence of such documentation, the currently requested acetaminophen 500mg #60 Rfx2 and ibuprofen 600mg #90 Rfx2 is not medically necessary.

Triple phase bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Pain: CRPS, diagnostic tests, imaging studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain Chapter, CRPS, diagnostic tests; CRPS, pathophysiology (clinical presentation and diagnostic criteria)

Decision rationale: Regarding the request for triple phase bone scan (TPBS), ODG states that triple phase bone scan is recommended for select patients in early stages to help in confirmation of the diagnosis of chronic regional pain syndrome (CRPS). The guidelines state that the sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Suggestion has been made that TPBS is most useful in the early duration after diagnosis (4-6 months). To diagnose CRPS, the three criteria generally identified in the literature include those suggested by Veldman et al., those originally suggested by the IASP, and a further modification of the latter referred to as the Budapest (Harden) criteria. Within the documentation available for review, there are no documented subjective/objective findings that are consistent with the diagnosis of CRPS. Additionally, a recent EMG/NCS revealed mild right carpal tunnel syndrome, which could potentially explain the patient's symptoms. As such, the currently requested triple phase bone scan is not medically necessary.

