

Case Number:	CM14-0160644		
Date Assigned:	10/06/2014	Date of Injury:	07/27/2005
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of July 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; earlier carpal tunnel release surgery; and cubital tunnel release surgery. In a Utilization Review Report dated September 24, 2014, the claims administrator denied a request for ibuprofen. The applicant's attorney subsequently appealed. In a progress note dated April 22, 2014, the applicant reported worsening complaints of right hand and digit pain with associated paresthesias. The applicant does have difficulty gripping, grasping, and making a fist. The applicant was right-handed. The applicant was asked to continue gabapentin and Flector. The applicant was kept off of work, on total temporary disability. On June 10, 2014, the applicant reported worsening upper extremity paresthesias. The applicant was given gabapentin for the same. On August 11, 2014, the applicant was again placed off of work on total temporary disability, owing to ongoing complaints of hand pain, wrist pain, and paresthesias. The applicant was using Neurontin to sleep at night. The applicant stated that she was using ibuprofen occasionally. Paresthesias were reported about the hands with associated difficulty gripping and grasping. Diminished grip strength was noted about the right hand. The applicant was severely obese, with BMI of 37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 tab PO every 8hrs #90 Refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal ant-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Anti-inflammatory Medication.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into this choice of recommendations. In this case, however, the request for a six-month supply of ibuprofen in the form of the 90-tablet prescription with five refills does not contain any proviso to periodically re-evaluate the applicant to ensure a favorable response to ongoing usage of ibuprofen. The request thus, as written runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.