

Case Number:	CM14-0051031		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2013
Decision Date:	08/27/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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: Anesthesiology 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:

According to the records made available for review, this is a 35-year-old female with a 4/11/13 date of injury. At the time (4/9/14) of request for authorization for ibuprofen #100, there is documentation of subjective (pain rated 7-8/10, bilateral wrist burning pain with numbness and tingling, weakness in grip strength of both hands, left worse than right; bilateral elbow pain that radiates to the left shoulder and sometimes the right shoulder) and objective (positive Tinel's bilateral wrists) findings, current diagnoses (overuse syndrome bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and bilateral wrist DeQuervain's tendinitis), and treatment to date (activity modification and medications (including ibuprofen since at least 11/13)). There is no documentation of an exacerbation of chronic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of overuse syndrome bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and bilateral wrist DeQuervain's tendinitis. However, there is no documentation of an exacerbation of chronic pain. In addition, given records reflecting prescriptions for ibuprofen since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for ibuprofen #100 is not medically necessary.