

Case Number:	CM14-0091230		
Date Assigned:	07/25/2014	Date of Injury:	10/25/2012
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 injured worker is a 45 year old female who sustained an injury on 10/25/12 when her right hand and finger were caught in a machine. The injured worker sustained an injury to the right hand and wrist with resultant swelling. The injured worker has reported continuing complaints of pain in the right upper extremity. No surgery was recommended for the injured worker. Treatment had included 12-14 sessions of physical therapy as well as multiple injections. The injured worker did report benefit from injections. The injured worker was also provided a wrist brace. As of 05/30/14, the injured worker continued to report ongoing complaints of pain in the right upper extremity. The injured worker did report that she was functional with the medications and had an occasional burning and numbness sensation in the right hand and wrist. With medications, the injured worker's pain score was reduced by approximately 30% to 4-5/10 in severity from 7/10. The injured worker's physical examination noted intact strength in the upper extremities. There was tenderness to palpation along the right lateral epicondyle. There was full range of motion of the right wrist. The injured worker was continued on Norco 10/325mg daily and Ibuprofen 600mg twice daily at this evaluation. The requested Motrin 600mg, quantity 120 was denied by utilization review on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.