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| <b>Case Number:</b>   | CM15-0148732 |                              |            |
| <b>Date Assigned:</b> | 08/11/2015   | <b>Date of Injury:</b>       | 05/20/2014 |
| <b>Decision Date:</b> | 09/08/2015   | <b>UR Denial Date:</b>       | 07/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 46 year old female, who sustained an industrial injury on 5-20-14. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having right elbow medial epicondylitis and right DeQuervains. Treatment to date has included the use of an elbow brace, a home exercise program, and medication. Currently, the injured worker complains of right elbow pain and right hand pain. The treating physician requested authorization for an ergodynamic monitor 42 inches, Ibuprofen 800mg, and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergodynamic monitor 42 inches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

**Decision rationale:** Ergodynamic monitor 42 inches is not medically necessary per the MTUS Guidelines. The MTUS states that ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost-

effective measures in the long run. The documentation does not reveal that the patient has had a workplace ergonomic evaluation. Therefore, this request is not medically necessary.

**Ibuprofen 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Ibuprofen 800 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request as written does not indicate a frequency/duration of use. Furthermore, it is unclear why Ibuprofen 800mg is prescribed when the MTUS states that for doses of Ibuprofen greater than 400 mg have not provided greater relief of pain for mild to moderate pain relief. For these reasons Ibuprofen is not medically necessary.

**Urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

**Decision rationale:** Urine toxicology is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation does not indicate that the patient is taking opioids, therefore the request for urine toxicology is not medically necessary.