

Case Number:	CM15-0162171		
Date Assigned:	08/28/2015	Date of Injury:	07/24/2012
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: California

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

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 32-year-old female, who sustained an industrial injury on July 24, 2012 while working as a laborer. The injured worker struck her left hand on a plastic container. The injured worker experienced pain and numbness in the left hand. The diagnoses have included ligamentous tear of the left hand and wrist, pain in the joint of the hand, chronic left hand pain, left hand contusion, hand neuropathic pain and wrist osteoarthritis. Treatment and evaluation to date has included medications, radiological studies, MRI and psychiatric testing. The injured worker was not working. Current documentation dated July 27, 2015 notes that the injured worker reported left hand and wrist pain. Examination of the left hand revealed tenderness to palpation of the palm and dorsum of the left hand with clicking. Range of motion was restricted in all directions by pain. Sensation was noted to be intact. The injured worker was noted to be using Voltaren Gel, which provided a 40% decrease in pain and 40% improvement in activities of daily living, such as self-care and dressing. The treating physician's plan of care included requests for Voltaren Gel 3 tubes with one refill and Ibuprofen 600 mg # 90 with one refill. The report dated April 2, 2015 indicates that the patient is using ibuprofen 800 mg and has a diagnosis of diabetes. The note goes on to state that ibuprofen provides 50% improvement in inflammatory pain and 50% improvement in activities of daily living. The patient's pain is reduced from 6-8/10 to 3-4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg #90 ref: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Motrin (Ibuprofen), Chronic Pain Medical Treatment 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, it appears this medicine is providing substantial reduction in pain and improvement in function. No intolerable side effects are recorded. It is acknowledged, that consideration should be given to lowering the dose of ibuprofen and monitoring the patient's kidney function due to the patient's diagnosis of diabetes. However, in light of the above noted improvement and lack of side effects, the currently requested ibuprofen is medically necessary.

Voltaren gel #3 tubes ref: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.