

<b>Case Number:</b>	CM15-0166978		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	12/08/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 12-8-2002. She reported developing pain in bilateral hands with numbness and weakness from repetitive use. Diagnoses include bilateral carpal tunnel syndrome, bilateral carpal sprain-strain, and status post bilateral carpal tunnel release. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of ongoing wrist pain, headaches and loss of sleep due to pain. On 3-12-15, the physical examination documented decreased radial and ulnar deviation in the right wrist and positive Tinel's test. The appeal requested authorization for a urinalysis for date of service 7-2-15 and a prescription of Ibuprofen 800mg #60. Medications and compounds are office dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for DOS 7/2/15:** 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 Opioids Page(s): 78, 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screen.

**Decision rationale:** Guidelines support periodic drug screening when opioids are being utilized. This Guideline supported indication is not present in this individual. She is not utilizing opioids and there are no behaviors, which suggest illegal drug use or misuse of any addictive medications. The rationale for the drug test is not documented which leads to no exceptional basis to make an exception to the Guideline recommendations. The Urinalysis for DOS 7/2/15 is not medically necessary.

**Ibuprofen 800mg #60:** 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 Page(s): 67, 68.

**Decision rationale:** MTUS Guidelines do not recommend long-term daily high dose opioids for chronic conditions. If there are significant benefits, there use is supported in as low a dose for as limited amount of time possible. These standards are not met with this individual. High dose Naprosyn has been provided without any documented use patterns or benefits. The rationale for using Ibuprofen is not documented and there are no reported benefits for pain or function from NSAID use. Under these circumstances, the Ibuprofen 800mg #60 is not supported by Guidelines and is not medically necessary.