

Case Number:	CM15-0188671		
Date Assigned:	09/30/2015	Date of Injury:	03/10/2011
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 56 year old male who sustained an industrial injury on 03-10-2011. Current diagnoses include status post right proximal row carpectomy-symptomatic, trigger thumb-left, and DRUJ instability-right wrist. Report dated 09-10-2015 noted that the injured worker presented with complaints that included right wrist pain, left thumb catching and popping since 2011. Physical examination performed on 09-10-2015 revealed right forearm atrophy, decreased right wrist range of motion, passive motion produces intermittent catch, and mild to moderate piano key sign. Previous treatments included medications and surgical intervention. The physician noted that the injured worker was made P&S on 09-21-2013 with recommended provisions for refills of ibuprofen. The treatment plan included request for ibuprofen, injection of the trigger thumb, and follow up in one month. The injured worker has been prescribed ibuprofen since at least 09-2011. The utilization review dated 09-17-2015, non-certified the request for ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ibuprofen 800mg #120 with 6 refills: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with right wrist and left thumb pain. The request is for PHARMACY PURCHASE OF IBUPROFEN 800MG #120 WITH 6 REFILLS. The request for authorization is dated 09/10/15. The patient is status post right proximal row carpectomy. Physical examination reveals visible right forearm atrophy. Passive motion of the right wrist produces intermittent catch. No sign of instability of wrist, but there is mild to moderate piano key sign. Patient's medications include Terazosin, Ibuprofen, Amlodipine, Simvastatin, Losartan, Glipizide, Pioglitazone, and Omeprazole. Per progress report dated 09/10/15, the patient is P&S in 2013.MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, Medications for chronic pain Section, pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/10/15, treater's reason for the request is "necessary in order for [patient] to function at his maximal capacity." The patient has been prescribed Ibuprofen since at least 11/21/13.

However, the treater has not documented how Ibuprofen has been effective in management of pain reduction and functional improvement with specific examples. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request is also for 6 refills which may be excessive without documenting how the patient is doing with the prescribed Motrin, side effects, functional benefits, etc. The request IS NOT medically necessary.