

Case Number:	CM15-0022740		
Date Assigned:	02/12/2015	Date of Injury:	12/29/2013
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, Illinois

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 34 year old male with an industrial injury date 12/29/2013. He has been diagnosed of status post left wrist fracture with open reduction internal fixation; status post left wrist fracture, lumbar spine strain, cervical spine strain and cephalgia. Prior treatment includes physical therapy, MRI and medications. He presents on 01/13/2015 with pain in left wrist. Physical examination revealed marked pain along the distal radial ulnar joint. The provider documented the injured worker had radial shortening from the fracture leading to a secondary ulnar impingement to the carpus (ulna carpal impaction syndrome). The provider recommended ulna shortening osteotomy to alleviate the problem. The provider requested left wrist arthroscopy triangular fibrocartilage repair, possible ulna shortening osteotomy vs Suave Kalanga procedure along with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #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 Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/29/2013 . The medical records provided indicate the diagnosis of status post left wrist fracture with open reduction internal fixation; status post left wrist fracture, lumbar spine strain, cervical spine strain and cephalgia. Treatments have included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Ultram 50mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker's use of this medication predates 09/2014 but with no overall improvement. The records does not indicate the injured worker is being monitored for pain control, adverse effects, aberrant behavior and activities of daily living. The request is not medically necessary.

Motrin 800mg #90 with 3 refills: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 12/29/2013 . The medical records provided indicate the diagnosis of status post left wrist fracture with open reduction internal fixation; status post left wrist fracture, lumbar spine strain, cervical spine strain and cephalgia. Treatments have included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Motrin 800mg #90 with 3 refills. Motrin(Ibuprofen), is a non-steroidal anti-inflammatory drug (NSAID). Like other medications of its kind, they are recommended for use at the lowers does for the short term treatment of moderate to severe pain. The MTUS recommends individuals on treatment with the NSAIDs for extended period be monitored for Liver and Kidney function, blood count, due to the risk of kidney or liver disease and Anemia from gastrointestinal bleeding. The MTUS states that Ibuprofen 800mg does not provide better pain control than the 400mg strength.The records indicate the injured worker has been on prescription of Ibuprofen 800mg for more than 4 months. There is no indication the injured worker is being monitored for Liver, Kidney function or blood count. The request is not medically necessary.