

Case Number:	CM15-0215910		
Date Assigned:	11/05/2015	Date of Injury:	09/21/2012
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66 year old female who sustained an industrial injury on 9-21-12. Medical records indicate that the injured worker has been treated for bilateral trigger thumb; bilateral carpal tunnel syndrome; cervical spine radiculopathy; abdominal pain; stress; depression. She currently (9-28-15) complains of bilateral hand pain, burning, numbness, weakness. Physical exam revealed decreased sensation of bilateral hands in median nerve distribution, tenderness A1 pulley in bilateral thumb with triggering of the thumb, positive Phalen's and Tinel's sign bilateral wrists. The 7-30-15 progress note indicated a pain level of 7 out of 10 for both bilateral wrist and hand pain and neck and upper back pain. Treatments to date include medication: meloxicam without much benefit, Motrin, more helpful in the past; braces; physical therapy; acupuncture. On 6-16-14 the treating provider prescribed Motrin and the 6-19-15 progress note indicated that the treating provider refilled a prescription for Motrin. The request for authorization dated 10-9-15 was for follow-up, further treatment management 11-9-15; Motrin 600mg #90. On 10-16-15 Utilization Review non-certified the requests for follow-up, further treatment management 11-9-15; Motrin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation, further treatment management 11/09/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include focused regional examination and neurologic, ophthalmologic, or other specific screening. The treating physician does not detail the rationale or provide additional information for the requested Follow up evaluation, further treatment management 11/09/15. The treatment notes do not detail what medications and symptoms are to be evaluated and treated. The original reviewer partially certified the request to allow for one follow-up visit, the need for further treatment cannot be determined until the office visit is completed. As such, the request for Follow up evaluation, further treatment management 11/09/15 is not medically necessary at this time.

Motrin 600 mg Qty 90, every 6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual

patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." Submitted medical records indicate treatment with Ibuprofen since at least June 16, 2014, earlier medical records were not available for review. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Motrin 600 mg Qty 90, every 6 hours as needed is not medically necessary.