

Case Number:	CM15-0034975		
Date Assigned:	03/03/2015	Date of Injury:	11/03/2013
Decision Date:	07/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/24/2015

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: Emergency 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 (IW) is a 26 year old female who sustained an industrial injury on 11/03/2013. She reported that a 50 pound weight fell onto her left hand. The injured worker was diagnosed as having carpal tunnel syndrome, mild, and stenosing tenosynovitis of the multiple fingers left hand. Treatment to date has included x-rays, and physical therapy including paraffin, pain medication, and acupuncture. Currently, the injured worker complains of swelling, numbness and tingling in the thenar area of the fingers especially on the thumb side. The wrist has tenderness over the wrist joint on the radial side and over the thenar. Range of motion is full. There was a positive Phalen's and Tinel's on the left side of the wrist. The worker has decreased sensation in the three radial fingers. The x-rays showed no fracture. Treatment recommendations are for the worker to be seen again by an orthopedic surgeon who examined her 04/14/2014. A request for authorization is made for: 1. Ibuprofen 800mg, 1 tablet by mouth with food, #60 with 1 refill; and 2. Norco 7.5/325, 1 tablet by mouth every 6 hours as needed for pain, #60 with 0 refills, for symptoms related to the wrist/hand as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, 1 tablet by mouth with food, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or Motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. It is unclear how long patient has been on this medication. However, it is considered a 1st line medication and is recommended. However, a refill with no reassessment if no recommended. Prescription for Motrin with refill is not medically necessary.

Norco 7.5/325, 1 tablet by mouth every 6 hours as needed for pain, #60 with 0 refills, for symptoms related to the wrist/hand as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has only documented subjective improvement in pain with no objective documentation of improvement in pain or function. There is no appropriate documentation of screening for abuse or side effects. Norco is not medically necessary.