

Case Number:	CM14-0127919		
Date Assigned:	09/23/2014	Date of Injury:	04/05/2013
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 58-year old male who sustained a work related injury on 04/05/13. He sustained injury to his left hand/wrist and left fingers when his left hand got stuck while moving two tables. He was diagnosed with two fractures in his left thumb. An x-ray of left thumb showed stable appearance of a non-displaced comminuted fracture involving the distal phalanx of the thumb on 05/13/13. Treatment included NSAIDs, physical therapy, left de Quervain's tenosynovitis status post injection, trigger finger injection, Norco and Prilosec. The progress note from 07/17/14 was reviewed. Subjective symptoms included left thumb pain, swelling and weakness. He reported no improvement and stated that he had numbness to the tip of thumb. He had left wrist pain with activity. The pain was radiating to the left elbow and shoulder. Pertinent examination findings included slightly disrupted nail bed in the distal half of the nail, 43 degrees of range of motion of the distal phalanx, poor key grip due to pain and no evidence of numbness on the radial or dorsal or volar or ulnar aspect of the digit. He had positive Finkelstein's test and positive pain over the first dorsal wrist extensor. Diagnoses included history of closed left thumb fracture; left de Quervain's tenosynovitis injected 01/14/14, trigger left middle finger A1 pulley, injected 7/17/14 and trigger of left ring finger A1 pulley. The plan of care included bilateral upper extremities NCV/EMG, refilling Ibuprofen 800mg, Prilosec and Norco, urine toxicology screen, Spica splint and cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-80.

Decision rationale: The employee was a 58-year old male who sustained a work related injury on 04/05/13. He sustained injury to his left hand/wrist and left fingers when his left hand got stuck while moving two tables. He was diagnosed with two fractures in his left thumb. An x-ray of left thumb showed stable appearance of a non-displaced comminuted fracture involving the distal phalanx of the thumb on 05/13/13. Treatment included NSAIDs, physical therapy, left de Quervain's tenosynovitis status post injection, trigger finger injection, Norco and Prilosec. The progress note from 07/17/14 was reviewed. Subjective symptoms included left thumb pain, swelling and weakness. He reported no improvement and stated that he had numbness to the tip of thumb. He had left wrist pain with activity. The pain was radiating to the left elbow and shoulder. Pertinent examination findings included slightly disrupted nail bed in the distal half of the nail, 43 degrees of range of motion of the distal phalanx, poor key grip due to pain and no evidence of numbness on the radial or dorsal or volar or ulnar aspect of the digit. He had positive Finkelstein's test and positive pain over the first dorsal wrist extensor. Diagnoses included history of closed left thumb fracture; left de Quervain's tenosynovitis injected 01/14/14, trigger left middle finger A1 pulley, injected 7/17/14 and trigger of left ring finger A1 pulley. The plan of care included bilateral upper extremities NCV/EMG, refilling Ibuprofen 800mg, Prilosec and Norco, urine toxicology screen, Spica splint and cortisone injection. MTUS Chronic Pain Medical Treatment guidelines recommend NSAIDs for symptomatic relief for short periods at the lowest possible dosage. The employee had ongoing pain. There are no documented side effects of ibuprofen. Given the ongoing tenosynovitis, left wrist pain and thumb pain, the request for Ibuprofen 800mg as needed is medically necessary and appropriate.