

Case Number:	CM14-0166109		
Date Assigned:	10/13/2014	Date of Injury:	06/26/2001
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 46-year-old female with an injury date of 06/26/2001. Based on the 08/28/2014 progress report, the patient complains of having bilateral hand pain, which she rates as a 7/10. The patient has a positive Finkelstein's test and has positive tenderness CMC joint bilaterally. She also has right CMC grind pain. The patient is diagnosed with hand pain (both). The utilization review determination being challenged is dated 09/23/2014. Three treatment reports were provided from 03/13/2014, 06/05/2014, and 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg take 1 TID PRN #90, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22,.

Decision rationale: According to the 08/28/2014 progress report, the patient complains of having bilateral hand pain, which she rates as a 7/10. The request is for ibuprofen 800 mg take 1 t.i.d. p.r.n. #90, 2 refills. The patient has been taking ibuprofen as early as 03/13/2014. The

08/28/2014 report indicates that the patient is "permanent and stationary. The patient is working full time." Although the denial letter states, "The patient was taking medications as prescribed, and stated that the medications were working well," no other progress report mentions how the patient benefits from Ibuprofen. There was no discussion provided as to how the patient's pain decreased with the use of this medication. MTUS page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, cell activity, and functional restoration can resume, the long term use may not be warranted." Given that the patient is working and some documentation that this medication has been helpful, the request is considered medically necessary.