

<b>Case Number:</b>	CM14-0080389		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Texas. 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 injured worker is a 64 year old female who sustained an injury on 05/29/12 due to constant typing. The injured worker developed numbness and tingling in the right hand and wrist which was initially treated with the use of over the counter Tylenol. The injured worker attended twelve sessions of physical therapy for the right elbow which provided slight relief. Electrodiagnostic studies from 11/13 noted evidence of bilateral carpal tunnel syndrome. Radiographs of the right wrist and hand showed early arthrosis at the distal interphalangeal joints of the right little finger. No other fractures were noted. The injured worker was seen for agreed medical evaluator (AME) on 12/04/13. At this visit the injured worker was utilizing Ibuprofen 800 milligrams and Omeprazole. Physical examination noted no tenderness at the elbows or forearms with good range of motion, no atrophy of the hypothenar musculature, mild weakness and grip strength testing to the right was noted compared to the left side, Tinel and Phalen signs were positive at the right wrist only. The requested Ibuprofen 800 milligrams quantity 100 was denied by utilization review on 05/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** In review of the clinical documentation submitted for review this reviewer would not have recommended the requested Ibuprofen 800 milligrams quantity 100 as medically necessary. The last evaluation for this injured worker was from December of 2013. It is unclear what the current medication use is and there is no support or rationale for continuation of ibuprofen at the current prescribed amount duration or frequency. Current evidence based guidelines does not recommend chronic use of antiinflammatories due to elevated risks for renal and hepatic complications. Without further rationale for the continued use of ibuprofen the paucity of clinical information would not support medically appropriate for this prescription medication.