MAXIMUS Federal Services

Case Number:	CM14-0212455		
Date Assigned:	01/02/2015	Date of Injury:	05/02/2013
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for hand, wrist, and upper extremity pain reportedly associated with an industrial injury of May 2, 2013.In a Utilization Review Report dated November 27, 2014, the claims administrator denied a request for ibuprofen. An RFA form received on November 19, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported ongoing complaints of neck pain, hand pain, and wrist pain. The applicant had been off of work for the past year and had 30 sessions of physical therapy and manipulative therapy. Both Motrin and Flexeril were endorsed. The attending provider stated in the progress note that the applicant was being provided with ibuprofen 600 mg #60. The applicant reportedly had issues with moderate-to-severe bilateral carpal tunnel syndrome. The applicant rated his pain at 1-2/10. The applicant stated that his wrist splints were helpful. There was no explicit discussion of medication efficacy insofar as ibuprofen was concerned, however. In a progress note dated October 21, 2014, the applicant again reported neck and bilateral hand pain. Work restrictions were endorsed. Motrin and Zanaflex were refilled, again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI; NSAIDs Page(s): 56, 78, 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medication topic; Functional Restoration Approach to Chronic Pain Management se.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The applicant continues to report complaints of hand pain and associated upper extremity paresthesias. Work restrictions remain in place. The applicant remains dependent on wrist splints and cyclobenzaprine, despite ongoing usage of ibuprofen (Motrin). The attending provider's progress notes, referenced above, were sparse, contained little to no discussion of medication efficacy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.