

Case Number:	CM15-0128120		
Date Assigned:	07/14/2015	Date of Injury:	11/07/2013
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43 year old female who reported an industrial injury on 11/7/2013. Her diagnoses, and or impression, were noted to include: wrist/hand sprain; right wrist pain, status-post right scapholunate ligament tear and triangular fibrocartilage complex tear surgery; and fracture of ulna. No current imaging studies were noted. Her treatments were noted to include physical therapy; occupational therapy; an exercise program; pain management; and rest from work before a return to modified work duties. The post-surgical follow up visit of 1/22/2015 noted the initiation of Ibuprofen for wrist pain. The progress notes of 5/5/2015 reported a follow-up evaluation for complaints of constant, moderate right wrist pain that radiated to the fight fingertips, aggravated by activities, and relieved by physical therapy; and of swelling with constant, moderate-severe right hand pain that radiated to the cervical spine, aggravated by activities and also relieved by physical therapy. Objective findings were noted to include: that she was right hand dominant; an abnormal grip strength test on the right; and decreased right wrist range-of-motion. The physician's requests for treatments were noted to include an orthopedic evaluation and treatment, and the continuation of Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Upper Extremity Evaluation & Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: This patient presents with moderate right wrist pain that radiated to the fight fingertips. The current request is for Orthopedic Upper Extremity Evaluation & Treatment. The RFA is dated 06/01/15. Treatment history included physical therapy, occupational therapy, a home exercise program, medications, rest, and modified work duties. The patient's works status is: modified duty. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. According to report 06/01/15, this patient is status post right wrist arthroscopy on 09/03/14, with persistent pain with numbness and tingling in the right hand. Objective findings noted an abnormal grip strength test on the right and decreased right wrist range-of-motion. The patient also has restricted range of motion in the right shoulder with tenderness in the bicipital groove. The treater recommended "ortho extremity eval and treat." In this case, given the patient's current symptoms, the request for an evaluation with an ortho specialist appears reasonable. However, the request is also for treatment which is not defined. Without knowing what the treatment would entail, the request cannot be considered. The request is not medically necessary.

Vicodin 5/300mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78.

Decision rationale: This patient presents with moderate right wrist pain that radiated to the fight fingertips. The current request is for Vicodin 5/300mg #30. The RFA is dated 06/01/15. Treatment history included physical therapy, occupational therapy, a home exercise program, medications, rest, and modified work duties. The patient's work status is: modified duty. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." This patient is status post right wrist arthroscopy on 09/03/14, with persistent pain with numbness and tingling in the right hand. According to report 06/01/15, the patient is utilizing Ibuprofen for pain. The patient reported average pain levels as 6-7/10 and noted 8/10 as worst pain. The treater recommended the patient continue Ibuprofen for "mild pain with meals", and Vicodin 5/300mg for "severe pain." This is an initial request for Vicodin. In this case, it appears that adequate pain control is not achieved with Ibuprofen alone. Given such, initiating a trial of Vicodin is reasonable and supported by MTUS guidelines. This request is medically necessary.

Ibuprofen 800mg #60 with 3 refills: Overturned

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

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

Decision rationale: This patient presents with moderate right wrist pain that radiated to the fight fingertips. The current request is for Ibuprofen 800mg #60 with 3 refills. The RFA is dated 06/01/15. Treatment history included physical therapy, occupational therapy, a home exercise program, medications, rest, and modified work duties. The patient is to return to modified duty. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs" NSAIDs "in chronic LBP and of antidepressants in chronic LBP." The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. This patient is status post right wrist arthroscopy on 09/03/14, with persistent pain with numbness and tingling in the right hand. Per report 01/15/15, Ibuprofen 600mg was initiated. According to report 06/01/15, the patient reported average pain level as 6-7/10 and noted 8/10 as worst pain. The treater recommended the patient continue Ibuprofen for "mild pain with meals", and Vicodin 5/300mg for "severe pain." According to Pain History & Assessment report dated 04/07/15, "medication calms her pain." In this case, although documentation of medication efficacy is limited, the treater does document that Ibuprofen provides some level of pain relief. Given the conservative nature of this medication and documented analgesia, continued use is substantiated. The request is medically necessary.