MAXIMUS Federal Services

Case Number:	CM15-0171449		
Date Assigned:	09/17/2015	Date of Injury:	03/04/2014
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii
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:

The injured worker is a 44 year old male, who sustained an industrial injury on 03-04-2014. The injured worker is currently working. Medical records indicated that the injured worker is undergoing treatment for left wrist synovectomy and debridement of triangular fibrocartilage. Treatment and diagnostics to date has included left wrist surgery on 01-08-2015, physical therapy, and medications. Current medications include Cephalexin, Ibuprofen (800mg since at least 05-13-2015), Naproxen, Norco, and Nortriptyline. MRI of left wrist without contrast report dated 08-16-2014 stated triangular fibrocartilage wear with marked thinning and tiny perforation of the articulating disc, extensor carpi ulnaris tendinopathy with split, capitate edema with early chondromalacia and subcortical cystic change, and wrist capsulitis. In a progress note dated 07-14-2015, the injured worker reported pain in wrist and forearm. Objective findings included being anxious and agitated and normal gait and posture. The physician noted, "He notes Ibuprofen causes anger, so I will not prescribe again". The request for authorization dated 08-14-2015 requested Tramadol 50mg tablet take 1 tablet twice a day by oral route for 30 days, Quantity: 60 with 1 refill and Ibuprofen 800mg tablet take 1 tablet 3 times a day by oral route as needed for 30 days, Quantity: 90 with 2 refills . The Utilization Review with a decision date of 08-26-2015 denied the request for "Ibuprofen 900mg take 1 tablet 3 times a day as needed #90 refills 2".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 900mg take 1 tablet 3 times a day as needed #90 Refills 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with left wrist and left forearm pain. The current request is for Ibuprofen 900 mg take 1 tab 3 times a day as needed #90 refill 2. The treating physician's report dated 08/13/2015 (66B) states, "He continues to use Ibuprofen prn and reports improvement in symptoms and function". The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Ibuprofen prior to 05/2015. In this case, the physician has noted functional improvement and the continued use is appropriate. The current request is medically necessary.