

Case Number:	CM15-0090734		
Date Assigned:	05/15/2015	Date of Injury:	09/12/2013
Decision Date:	06/25/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 09/12/2013. He has reported injury to the bilateral hands/wrists. The diagnoses have included bilateral carpal tunnel syndrome; status post right third and fourth finger stenosing tenosynovitis; status post right long trigger finger release with cystic mass and recurrence; status post right ring trigger finger release with residuals; and right index finger stenosing tenosynovitis. Treatments have included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Gabapentin, Tramadol, and Ibuprofen. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the right and left hands; he is scheduled to attend occupational therapy treatments three times a week; has been performing light duty work; and has continuing right hand/wrist symptoms, but has noted increasing left hand/wrist symptomatology. Objective findings included moderate tenderness to palpation of the A-1 pulley region of right and left long fingers; cystic irregularity affecting the distal end of the A-1 pulley of the right long finger; pain and discomfort to the left long finger with trigger; tenderness to palpation of the volar metocarpophalangeal joint and trigger of the right and left; decreased light touch sensation to the right median nerve; bilaterally positive Phalen's sign and Tinel's sign; and median nerve compression test is positive on the right. The treatment plan has included the request for Ibuprofen 800 mg #60, one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The patient was injured on 09/12/13 and presents with bilateral hand pain. The request is for IBUPROFEN 800 MG #60 1 REFILL. There is no RFA provided and the patient is to return to work with the following restrictions: no excessive pushing/pulling/twisting, no lifting over 10-15 pounds, and no excessive use of the right hand/arm. The report with the request is not provided, nor do any of the reports mention Ibuprofen. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications 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 non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with bilateral carpal tunnel syndrome, status post right third and fourth finger stenosing tenosynovitis, status post right long trigger finger release with cystic mass and recurrence, status post right ring trigger finger release with residuals, and right index finger stenosing tenosynovitis. There are no discussions provided specifically regarding ibuprofen. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function, as required by MTUS page 60. Therefore, the requested Ibuprofen IS NOT medically necessary.