MAXIMUS Federal Services

Case Number:	CM15-0093698		
Date Assigned:	05/20/2015	Date of Injury:	06/28/2011
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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: Emergency 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 injured worker is a 33 year old female, who sustained an industrial injury on 6/28/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having left wrist pain, right de quervain's tenosynovitis and right trigger thumb. There is no record of a recent diagnostic study. Treatment to date has included functional capacity evaluation and medication management. Documentation provided by the provider is very poor. There is no current medication list and no appropriate assessment or plan. In a progress supplemental note dated 3/3/2015 and a progress note dated 7/24/2014, the injured worker complains of right wrist, hand and thumb pain. Pain is documented as 8-9/10. The treating physician is requesting Ibuprofen 400 mg #60 with 5 refills and Ranitidine 150 mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 refills of Ranitidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Ranitidine is an H2-Blocker, which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, medications may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen but in this review on UR, it is not medically recommended. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short-term use. Since NSAIDs are not recommended in this patient, Ranitidine is not medically necessary.

5 refills of Ibuprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short-term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Poor documentation does not make a case if this is being used short or long term. If it is being used long term, there is no documented improvement; if it is being started, the number of tablets and refills are completely inappropriate. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short-term use. This prescription for ibuprofen is not medically necessary.