

<b>Case Number:</b>	CM13-0037673		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who sustained an injury to bilateral hands and wrists on 3/3/2011 as a result of cumulative trauma as a food service worker. Electrodiagnostic studies in April of 2011 showed bilateral carpal tunnel syndrome. Diagnoses include carpal tunnel syndrome, chronic pain syndrome, cervicobrachial syndrome, and trigger finger. She underwent right carpal tunnel release in August of 2011. She was made permanent and stationary in February, but developed bilateral trigger finger at thumbs. Left thumb cortisone injection was not successful. A repeat left thumb injection in January of 2012 showed temporary benefit. Physical exam from May 30, 2013 report normal range of motion and strength, ulnar deviation increased bilaterally and positive right Tinel's sign. Medications in May of 2013 were Mobic 7.5 qd (one a day) PRN (as needed), Tylenol 500 mg qd PRN, levothyroid, simvastatin, aspirin and the addition of Pamelor 10mg at bedtime. Electromyography (EMG) in June confirmed median neuropathy with no cervical, brachial, ulnar or radial abnormality. Submitted reports state that Pamelor decreased pain and increased activity level and was subsequently increased in September. Cognitive behavioral therapy (CBT) was authorized for psychological components of industrially caused injury. Request is made for the continuation of Pamelor and for Motrin 600mg trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTRIN 600 MG, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, Ibuprofen Page(s): 67-68,72.

**Decision rationale:** The MTUS guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDs are recommended for treatment of chronic pain, with specific cautions regarding gastrointestinal and cardiac risk. Ibuprofen is among those NSAIDs specifically cited in the MTUS. For this employee, a trial of the NSAID ibuprofen is within recommended guidelines for ongoing pain. Therefore the requested treatment is medically necessary.

**PAMELOR 10 MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-Depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Antidepressants Page(s): 14-16.

**Decision rationale:** The MTUS guidelines report that tricyclic antidepressants have been shown to be effective and are considered a first-line treatment for neuropathic pain. The employee has clinical and electrodiagnostic evidence of a neuropathic pain component; benefit is documented. No contraindications or adverse events are found in the record. Therefore the requested treatment is medically necessary.