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| <b>Case Number:</b>   | CM14-0178215 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 06/25/2012 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 41-year-old female who reported an injury on 06/25/2012 due to cumulative trauma. Diagnoses were carpal tunnel syndrome, joint pain (hand), joint pain (forearm). The injured worker had a physical examination on 09/18/2014 that reported she first noticed the numbness and tingling in her left hand median nerve distribution years ago. She does not recall any specific trauma or injury. Despite prolonged use of protective brace and anti-inflammatory medications, left hand symptoms have been gradually worsening. The injured worker underwent a nerve conduction test, which was consistent with the minimal carpal tunnel syndrome. The injured worker was referred for surgical consultation. Examination revealed bilateral hands do not show any obvious evidence of thenar or first dorsal interosseous muscle atrophies. No other unusual masses or lesions. The injured worker does have intact flexors, extensors, and intrinsic functions of both hands. The injured worker can make a tight fist and fully extend the fingers with ease. No evidence of locking or triggering. The injured worker did have a positive Tinel and Phalen sign across the bilateral carpal tunnel. Phalen and Durkan's maneuver elicited severe burning pain that radiated up along the volar forearm and upper lateral arm areas. There was no pain or tenderness across the bilateral first dorsal compartment, with negative Finkelstein's test. Despite the nerve conduction test findings of right carpal tunnel syndrome, the injured worker felt that the left handed symptoms were far worse. An injection of 0.5 mL Kenalog was injected into the left carpal tunnel without any problem. The injured worker was to be referred for further physical therapy. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6 #90 with 3 refills QTY: 360.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis (ibuprofen & famotidine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Duexis 800/26.6 #90 with 3 refills QTY: 360.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and accurate pain assessment and the efficacy of the medication. It was not reported that ibuprofen or acetaminophen had failed. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Continued use of this medication would not be supported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.