

<b>Case Number:</b>	CM14-0028552		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and is licensed to practice in California. 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 29-year-old female with a reported injury on 01/18/2013 due to repetitive stress injury and complaining of pain to her right wrist. The injured worker had history of wearing a wrist brace and using ice and ibuprofen. She has had a previous normal EMG, and has had a previous cortisone injection on 01/03/2014. The injured worker had a follow-up examination on 02/17/2014 where she still had complaints of right hand numbness after her injection. She continued to complain of right and left elbow pain. She also complained of increased cooled sensations to her right upper extremity. She did complain of weakness and her wrists were positive for Tinel's. The list of her current medications was not provided. The plan of treatment was to request Duexis. The Request for Authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 67-70.

**Decision rationale:** The MTUS Guidelines recommend nonsteroidal anti-inflammatory drug (NSAID) medications for osteoarthritis at the lowest dose for the shortest period of time. The guidelines suggest that Tylenol and acetaminophen may be considered for initial therapy; however, there is no evidence that Tylenol was attempted, or the efficacy of the medication. The NSAIDs are also recommended for back pain. There was no recommendation specifically mentioning that it is for carpal tunnel syndrome. Again, the injured worker does not have a history of osteoarthritis. Furthermore, the request does not specify the dose or the frequency of this medication. Therefore, the request is not medically necessary.