

<b>Case Number:</b>	CM14-0032561		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Nevada. 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 records, presented for review, indicate that this 44-year-old female was reportedly injured on May 13, 2013. The mechanism of injury was progressive onset over time. The progress note, dated February 21, 2014, indicates that there were ongoing complaints of pain in both hands and forearms as well as tingling in the fourth and fifth digits. No medications were currently prescribed. The physical examination demonstrated muscular atrophy of the right thenar region and tenderness at the dorsum of each wrist. There were a negative Phalen's and Tinel's test, and sensation was intact. Treatment included a request for Nortriptyline and Pyridoxine. No diagnostic imaging study results were reported. Previous treatment included ergonomic workstation adjustments. A request was made for Pyridoxine and was not certified in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pyridoxine 25 mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines .Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682587.html>.

**Decision rationale:** Pyridoxine is vitamin B, required by the body for utilization of energy, production of red blood cells, and proper functioning of nerves. The injured employee currently stated to have a diagnosis of carpal tunnel syndrome. Pyridoxine was not indicated for the treatment of carpal tunnel syndrome. Therefore, this request for Pyridoxine is not medically necessary.