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| <b>Case Number:</b>   | CM15-0195455 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 10/06/2010 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 10-06-2010. She has reported subsequent left upper extremity pain and was diagnosed with carpal tunnel syndrome and tenosynovitis of the hand and wrist. Treatment to date has included pain medication, Cortisone injections, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. The start date of Motrin is unclear but the injured worker was noted to have been taking the medication since at least 08-11-2015. In progress notes dated 08-11-2015 and 09-09-2015, the injured worker reported more numbness in the index and left middle fingers with tingling that traveled up to her left forearm. Pain was rated as 7 out of 10 without medication and to go down to a 4 for about 5 hours after taking medication, Motrin was noted to provide benefit. On 09-09-2015, the injured worker was reporting side effects from Cymbalta including headaches, nervousness, blurry vision, fatigue and feeling that "her tongue is getting shorter." The injured worker also reported chest pain and reported that she was sent for electrocardiogram by her primary care physician, was told she had inflammation and was given a proton-pump inhibitor. Objective examination findings on 08-11-2015 and 09-09-2015 revealed positive Tinel's on the left side, decreased grip strength on the left compared to the right and tenderness underneath the left middle finger on the dorsal area to palpation. The physician noted that Cymbalta would be discontinued due to side effects and that Motrin would be continued. Work status was documented as permanent and stationary. A request for authorization of Motrin 600 mg #30 was submitted. As per the 09-17-2015 utilization review, the request for Motrin 600 mg #30 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600 MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The current request is for Motrin 600 MG #30. Treatment to date has included pain medication, Cortisone injections, physical therapy and carpal tunnel release. Work status was documented as permanent and stationary. MTUS Guidelines, Anti-inflammatory medications section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 09/09/15, the patient presents with more numbness in the index and left middle fingers with tingling that traveled up to her left forearm. Objective findings revealed positive Tinel's on the left side, decreased grip strength on the left compared to the right and tenderness underneath the left middle finger on the dorsal area to palpation. Pain was rated as 7 out of 10 without medication and reduces to 4/10 after medication. The patient reported that Motrin provided benefit. The treater recommended the patient to continue using Motrin. The UR denied the medication stating "there is no indication why she cannot take this OTC as it is readily available." Given the conservative nature of this medication and the documented analgesia, continued use is supported. The request is medically necessary.