

<b>Case Number:</b>	CM15-0124953		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old male, who sustained an industrial injury on July 17, 2014. He reported an injury to his right hand. He was diagnosed with a right hand crush injury. Treatment to date has included diagnostic imaging, pain medications, work modifications, endoscopic right carpal tunnel release on April 7, 2015, physical therapy, and medications. Currently, the injured worker complains of continued pain in the right wrist. He reports that his numbness and tingling have improved and he still has weakness. He reports that Tramadol, Trazodone and use of a brace alleviate his pain. His physical therapy is providing minimal help. An MRI of the right hand on February 27, 2015 revealed a density adjacent to the third metacarpal which could be a ganglion cyst. There was no ligamentous injury found. The diagnoses associated with the request include right hand pain and neuropathy. The treatment plan includes continuation of physical therapy, psychology evaluation for cognitive behavioral therapy, initiation of Gabapentin for anxiety, depression, neuropathy and insomnia, and continuation of Tylenol and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 500mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

**Decision rationale:** Per the MTUS guidelines with regard to nonprescription medications: "Recommended Acetaminophen (safest); NSAIDs (aspirin, ibuprofen) (Bigos, 1999) There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. (Watkins, 2006) See also NSAIDs (non-steroidal anti-inflammatory drugs)." With regard to medication history, the documentation does not specify how long the injured worker has been using this medication. While it is noted that Tylenol was prescribed for nerve type pain, and that it is unclear how Tylenol would help with nerve pain, I respectfully disagree with the UR physician's denial. Tylenol is indicated for the injured worker's right hand pain secondary to crush injury nociceptive component. The request is medically necessary.