MAXIMUS Federal Services

Case Number:	CM13-0052844		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2005
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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 physician 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:

This patient is a 55 year old female with a date of injury of 1/20/2005. Medical documentation indicates that the patient has been undergoing treatment for carpal tunnel syndrome, radial nerve lesion, ulnar nerve lesion, chronic pain syndrome, and major depression. Treatment has included left cubital/radial tunnel release, carpal tunnel release, left transaxillary first rib resection, physical therapy, gabapentin 300mg twice daily, hydrocodone/apap 10/325 every 6 hours as needed, Lidoderm 5% patch, flector 1.3% patch, thermacare heatwrap, risperidone 1mg, Lunesta 2mg, and Cymbalta 20mg. Medical specalities involved with her care have included pain management, orthopedics, psychiatry, and physical therapy. A sleep apnea evaluation was requested on 8/22/2013 from [redacted] (psychiatrist) due to "weight gain, which is secondary to medication for depression and she should be evaluated for this". A utilization review was conducted on 11/4/2013 and non-certified a sleep apnea evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Apnea Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." A psychiatric note dated 2/21/2013 specifically state "she is sleeping relatively well in spite of continued pain . . ." Additional notes prior to the request for authorization state 'sleeping well with lunesta" and "stable sleep". Qualified Medical Examination (QME) on 5/2/2013 did state "daytime drowsiness" and "pain related to insomnia", but did not elaborate as to the level of drowsiness that could be suggestive of "excessive daytime somnolence". The QME did not comment on appropriateness of sleep study or indicate concerns regarding sleep apnea. Medical documents provided did not indicate level of daytime drowsiness, cataplexy/narcolepsy, morning headaches, sudden intellectual degradation, personality changes not attributable to medication, or insomnia that is unresponsive to behavior intervention and sedative/sleep-promoting medications. Psychiatric note dated 8/22/2013 requested evaluation for sleep apnea stating "I indicated that it appears she might have developed apnea secondary to weight gain which was secondary to medication for depression and she should be evaluated for this." No other comments or further elaboration was made concerning any of the above criteria with the exception of weight gain attributing to her sleep apnea. As such, the request for sleep apnea evaluation is not medically necessary.