

Case Number:	CM13-0064596		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2012
Decision Date:	06/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Medicine 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 patient is an employee of [REDACTED] and has filed a claim for carpal tunnel syndrome associated with an industrial injury date of December 20, 2012. Utilization review from December 4, 2013 denied the requests for Lunesta due to combined intake with Ambien and Prednisone due to no support from guidelines. Treatment to date has included carpal tunnel release left and TFCC debridement, ACDF 2010, opioid and non-opioid pain medications, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of left shoulder pain with associated pain to the fingers and wrist. The pain is rated at 9/10 without medications and 6/10 with medications. She currently takes Tylenol, Motrin, Ambien, Cymbalta, Clonazepam, and Vicodin. On examination, the left shoulder had limited active range of motion. Surgical scar was present over the left wrist. Left wrist range of motion was also limited. Motor strength was noted to be normal. Prednisone is being requested for the CRPS. Lunesta was prescribed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREDNISONE 10MG #21: Upheld

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

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

Decision rationale: CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Oral corticosteroids was used instead. ODG states that oral corticosteroids are not recommended for chronic pain. In this case, the patient was first prescribed prednisone in November 2013. However, this medication is not supported by guidelines and there is no discussion in the documentation mentioning the need for variance from the guidelines. Therefore, the request for prednisone is not medically necessary.

LUNESTA 3MG #30 WITH ONE (1) REFILL: Upheld

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

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia treatment was used instead. ODG states that Lunesta is a first-line medication for insomnia with potential for abuse and dependency. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the patient was first prescribed Lunesta in November 2013. However, there is no discussion concerning the patient's sleep hygiene. In addition, the patient is currently taking Ambien and Clonazepam, two sedating medications. Therefore, the request for Lunesta is not medically necessary.