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| Case Number: | CM13-0071498 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 02/08/2008 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Internal 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 a 49 year old female who was injured on 02/08/2008. She states she was involved in an automobile accident where she sustained injuries to her head, right arm and right hand. Prior treatment history has included dental treatment provided 05/05/2009, endodontic root canal and crown placements. The patient also received endodontic root canal therapy on teeth numbers 4, 19, and 29. She had dental treatments performed and visits for routine hygiene every 6 months. PR2 dated 05/14/2013 documented the patient to have complaints of loss of sleep. She gets approximately 5 hours, and subsequent fatigue; presented dental problems due to dry mouth from meds. Her depression is rated 8/10 worst and 5 average and anxiety. Stress reduction techniques aiding in managing anxiety and pain. She appeared mildly depressed and anxious which seems to aggravate her pain. She denies SI or HI; no psychotic thought processes or behaviors. Her Pamelor medication was increased to 50 mg, 3 tabs. Supplemental Report dated 05/04/20013 documented the patient presented with chief complaints of unusual dryness in her mouth and throat region that affects her speech and her ability to adequately chew and swallow foods, occasional moderate headaches. She has noticeable grinding and clenching of her teeth causing slight muscle soreness in her facial region and constant ongoing pain in her right arm, wrist and hands with limited mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR SLEEP APNEA TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: According to the Official Disability Guidelines, a sleep study (polysomnography) may be recommended when certain particular indicators are present, such as narcolepsy, sleep-related breathing disorder or periodic limb movement disorder is suspected, or insomnia complaint for at least six months (at least four nights of the week) that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Sleep complaints are noted, however, the medical records do not provide any details regarding this. The duration of sleep loss, any attempts to address this complaint has not been documented. Furthermore, the medical records would indicate that her claim of sleep loss and fatigue are related to the subjective complaints of pain and depression/anxiety, in which case psychiatric etiology has not been excluded. The medical records do not demonstrate the patient meets the criteria to establish she is an appropriate candidate for sleep apnea study.

THE REQUEST FOR TMJ EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 166.

Decision rationale: According to the medical records, the patient continues routine treatment and dental care management with her dentist. The medical records do not establish the existence of serious underlying condition or red flags, as to warrant consideration for specialty referral of this nature. The medical necessity of TMJ Evaluation has not been established.

THE REQUEST FOR TOPICAL MEDICATION COMPOUND CREAM 240GM- KETAMINE 10%, BUPIVACAUNE 1%, CLONIDINE .2%, DOXEPINE 5%, GABAPENTIN 6%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain

when first-line measures have failed. The medical records do not establish the existence of neuropathic pain. According to the guidelines, Gabapentin is not recommended in topical formulations. Most of the components of this compound are not recommended in topical formulation. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines. Lastly, the medical records do not establish this patient has failed standard conservative measures. The medical necessity of Topical Medication compound Cream 240gm-Ketamine 10%, Bupivacaine 1%, Clonidine .2%, Doxepin 5%, Gabapentin 6% is not established.