

Case Number:	CM14-0102816		
Date Assigned:	07/30/2014	Date of Injury:	07/18/2009
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist, neck, shoulder, and low back pain reportedly associated with an industrial injury of July 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; earlier shoulder surgery; and earlier left and right carpal tunnel release surgeries. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for an H-Wave device and Ambien while approving bilateral wrist splints and Norco. The applicant's attorney subsequently appealed. The device vendor and applicant apparently endorsed the H-Wave device on June 18, 2014, stating that the applicant's range of motion was improved as a result of the same. It appeared, thus, that the applicant had received the H-Wave device on a rental basis. In a progress note which was not clearly dated (likely June 12, 2014), the applicant was described as using Lidoderm, Nucynta, Neurontin, baclofen, and Celebrex. The applicant was asked to pursue repeat epidural steroid injection therapy. Multiple medications were refilled. It was stated that the TENS unit has helped partially. Norco was endorsed. The attending provider stated that the applicant was asked to "start Ambien 5 mg q.h.s." Somewhat incongruously, it was stated in the review of systems section of the note that the applicant "denies insomnia." In another section of the report, however, it was stated that the applicant "complained of poor sleep."

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic. Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on favorable outcomes during said one-month trial, "in terms of pain relief and function." In this case, however, the attending provider has failed to outline any tangible or material decrements in pain or improvements in function despite previous usage of the H-Wave device. The applicant, device vendor, and/or the attending provider made no mention of the applicant's effecting any diminution in work restrictions as a result of the usage of the H-Wave device. It was not established that the applicant managed to diminish consumption of opioid agents as a result of the H-Wave device trial. The applicant and/or device vendor's self-reports of analgesia with the device do not, in and of themselves, constitute evidence of functional improvement as defined in MTUS 9792.20f, some material improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.

Ambien 5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Treatment in Workers Compensation 2012 (web) (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com)(updated 02/14/12):Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: The request in question represents a first-time request for Ambien. The MTUS does not address the topic. However, as noted by the Food and Drug Administration (FDA), Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the attending provider seemingly introduced Ambien for the first time, on and around June 12, 2014. Therefore, the request was medically necessary.