

Case Number:	CM14-0103738		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2009
Decision Date:	09/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 claimant was injured on 05/04/39 and has been diagnosed with bilateral carpal tunnel syndrome. He saw [REDACTED] on 04/21/14 for follow up and complained of 5/10 pain, with the right wrist worse than the left, and increased with use. His shoulder pain was about 3/10 level. He also had bilateral elbow pain. He had positive Tina, Phalen's, and Finkelstein's tests. Additionally, the patient's right shoulder showed evidence of Impingement and drop arm test was positive. He had decreased range of motion. He had tenderness of the lateral and medial aspects of both elbows. Diagnosis included tenosynovitis of the flexor tendon of the right third finger, with locking. He reportedly was recommended to have surgery in the past, but did not want it and now he wants it. Thus, a referral to [REDACTED] was recommended. He was given diclofenac, Norco, Prilosec, Ambien, and Exoten lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgical Consultation, bilateral wrists: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. This patient has a clinical exam consistent with carpal tunnel syndrome. The patient also has finger triggering and shoulder pain. All of these concerns fall within the purview of orthopedic surgery. Referral is appropriate. Therefore, the request is medically necessary.

Ambien 10 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fast-Acting Sublingual Zolpidem for Middle-of-the-Night Wakefulness. Pergolizzi JV Jr, Taylor R Jr, Raffa RB, Nalamachu S, Chopra M. Sleep Disord. 2014;2014:527109.

Decision rationale: The records do not document a work-up for the patient's sleep disturbance or any attempts at conservative care (e.g., sleep hygiene management, sleep study evaluation). The Official Disability Guidelines recommend a careful evaluation of all proposed sleep disturbances, and only brief use of medications. There is insufficient evidence of an adequate evaluation of a sleep disorder, and the treatment plan does not include short term use only of Ambien. Ambien is not medically necessary pending a trial of non-pharmacological management, a more complete evaluation of any sleep issues, and a treatment plan consistent with the guideline recommendations. Therefore, the request is not medically necessary at this time.

Topical Exoten Lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 143.

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

Decision rationale: Per the CA MTUS, topical analgesics are "Largely experimental in use, with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The records do not document a trial of antidepressants and anticonvulsants. Therefore, the request is not medically necessary.