

Case Number:	CM14-0014920		
Date Assigned:	02/28/2014	Date of Injury:	11/01/2005
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 62-year-old female who reported an injury on 11/01/2005 due to a paper cut. The injured worker reportedly sustained injury to her bilateral hands, bilateral thumbs, and bilateral shoulders, and suffered emotional distress. The injured worker's treatment history included 4 hand surgeries; 1 in 2005, 1 in 2007, 1 in 2009, and the most recent being in 2010. The injured worker developed chronic pain that was managed with multiple medications. Conservative treatments have included mirror therapy, desensitization, biofeedback therapy, a TENS unit, aquatic therapy, and physical therapy. The injured worker ultimately developed complex regional pain syndrome. The injured worker's medications included Exalgo 12 mg, Norco, Benadryl 25 mg, tizanidine 2 mg, Ambien, intermezzo, and Lyrica. Physical findings included subluxation of the MCP joint with limited range of motion of the left shoulder. It was noted that the injured worker had slight numbness of the upper extremities more in the fingertips with extremely cold to touch temperature of the wrist and hands. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #60: 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 CHAPTER, INSOMNIA TREATMENT.

Decision rationale: The requested Ambien 5 MG #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend the use of this medication for insomnia related chronic pain for short durations of treatment. The clinical documentation did not provide an adequate assessment of the injured worker's sleep hygiene to support continued treatment. Additionally, as the injured worker has been on this medication for a period of time that exceeds Guideline recommendations; further use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ambien 5 MG #60 is not medically necessary or appropriate.

HELP IN HOME (NOT SPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HEALTH SERVICES Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule recommends assistance with home help when the injured worker is considered homebound on a part time or intermittent basis. The clinical documentation does not indicate that the injured worker is considered homebound and incapable of performing activities of daily living and requires medical assistance. Additionally, the request as it is submitted does not provide any type of description of the request or duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Help in home (not specified) is not medically necessary or appropriate.

DIPHENHYDRAMINE 25MG #90: 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 CHAPTER, INSOMNIA TREATMENTS.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this type of medication. The Official Disability Guidelines recommend the use of this medication for short durations of treatment to assist with insomnia related to chronic pain. The

clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sleep hygiene to support the continued use of this medication. Additionally, the Official Disability Guidelines only recommend this medication for short durations of treatment. The clinical documentation does indicate that the injured worker has been taking this medication on an as needed basis for an extended duration. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Diphenhydramine 25 MG #90 is not medically necessary or appropriate.