

Case Number:	CM14-0158625		
Date Assigned:	10/02/2014	Date of Injury:	12/04/2007
Decision Date:	12/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This is a 54-year-old male with a 12/4/07 date of injury. According to a handwritten and partially illegible progress report dated 7/1/14, the patient complained of severe neck and upper extremity pain. He also complained of weakness and insomnia. Objective findings: positive Tinel's sign, weakness. Diagnostic impression: status post cervical fusion with cervical radiculopathy, ulnar cubital tunnel syndrome, bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/29/14 denied the requests for Ambien and bilateral carpal tunnel release. Records reviewed do not meet ODG guidelines for continued use of Ambien. There is no evidence on physical exam or electrical studies or non-operative treatment to warrant surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter

Decision rationale: CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. However, in the present case, there is no documentation of the patient's prior non-operative treatment history or failure of conservative management. There is no documentation of tingling and numbness or a "red flag" condition. In addition, there is no documentation of a successful initial outcome from a steroid injection trial or positive electrodiagnostic testing to confirm a diagnosis of carpal tunnel syndrome. Therefore, the request for Bilateral Carpal Tunnel Release is not medically necessary.

Ambien 10mg #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

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 - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, it is noted that this patient has been taking Ambien since at least 3/4/14, if not earlier. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #30 is not medically necessary.