

Case Number:	CM14-0038530		
Date Assigned:	06/27/2014	Date of Injury:	09/30/1999
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 58 year old female who developed work related injuries to her upper extremities on 09/30/99. Due to cumulative trauma associated with work as a hair stylist, the injured worker developed bilateral carpal tunnel syndrome and was later noted to have right knee pain. The injured worker underwent left carpal tunnel release on 02/26/02 with a subsequent right carpal tunnel release on 05/29/02. In the post-operative period, the injured worker was identified as developing complex regional pain syndrome involving the right upper extremity. On examination, swelling with diffuse allodynia involving the right upper extremity was noted. The injured worker previously underwent stellate ganglion blocks with substantial benefit. Given the historical information and response to stellate ganglion blocks the diagnosis appeared to be correct. Utilization review determination dated 03/20/14 non-certified the request for Percocet 10/325mg and Ambien CR 12.5mg #30 under utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Percocet 10/325 #180 is recommended as medically necessary. Submitted clinical records indicate that the injured worker has a right upper extremity complex regional pain syndrome. As such, this is a significantly painful malady as the pain is sympathetically mediated. Serial records indicate that the injured worker is compliant with her treatment plan. She is compliant per urine drug screen. She has significant benefit from the medication and as such, it should be continued. The request is medically necessary.

1 Prescription of Ambien CR 12.5mg #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, Pain (chronic).

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, Zolpidem (Ambien).

Decision rationale: The request for Ambien CR 12.5mg #30 is not supported as medically necessary. Submitted clinical records do not clearly delineate the sleep disturbance. Further both further, evidence based guidelines do not support the chronic use of Ambien in the treatment of sleep disorders. It is recommended that this medication be use for a period of one to three weeks until the normalization of sleep can subsequently be discontinued. As such, the chronic use of this medication is not supported. Therefore, this request is not medically necessary.