

Case Number:	CM15-0108136		
Date Assigned:	06/12/2015	Date of Injury:	03/17/2011
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55-year old male, with a reported date of injury of 03/17/2011. The diagnoses include amputation through hand, post-traumatic stress disorder, late effect of traumatic amputation, phantom limb, and complex regional pain syndrome of the upper extremity. Treatments to date have included oral medications, stellate ganglion block, and right stellate ganglion block times two. The progress note dated 05/08/2015 indicates that the injured worker had constant hand pain. He said that at its worst, his pain was rated 7 out of 10, and on average the pain was rated 5 out of 10. The physical examination showed amputation of all four fingers of the right hand at the metacarpal phalangeal joint, and no acute distress. The treatment plan included left wrist braces, a left wrist tendon sheath injection to help with the pain, and prescribed medications. The treating physician requested Lunesta 2mg #15 and left wrist tendon sheath injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the sleep disturbance was not elaborated and failure of behavioral interventions was not noted. Pain was likely the cause of sleep problems rather than a primary sleep disorder and the request for 2 weeks of Lunesta is not medically necessary.

Left wrist tendon sheath injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, injections are recommended for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. In this case, the claimant had pain from an amputation and CRPS. There was no mention of the above diagnoses. As a result, the request for the injection is not medically necessary.