

Case Number:	CM15-0149151		
Date Assigned:	08/12/2015	Date of Injury:	10/22/2013
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female who sustained an industrial injury on October 22, 2013. She reported hyperextension of her right wrist with a pop. The injured worker was currently diagnosed as having right wrist pain, right wrist strain, right de Quervain's tenosynovitis, right lateral epicondylitis, chronic pain syndrome and status post burn of the right forearm. Comorbid conditions include obesity (BMI 30.5). Treatment to date has included diagnostic studies, medications, injection and physical therapy. She reported one week's benefit after an injection. On July 14, 2015, the injured worker complained of right hand and wrist pain described as throbbing and constant. The pain radiated up her right forearm. She rated her pain as a 6 on a 1-10 pain scale. The injured worker was noted to have difficulty with activities of daily living. She reported sleeping approximately eight hours per night with two to three awakenings. Exam of her wrists/hands showed positive Finkelstein's and Cozen's tests on the right. The treatment plan included medications, Lunesta was recommended for insomnia, spica thumb splint, paraffin bath, steroid injection, and consideration for a hand surgeon, diagnostic studies, occupational therapy, acupuncture, cognitive behavioral training, pain management counseling and a follow-up visit. On July 17, 2015, Utilization Review non-certified the request for Lunesta 1mg, #30 and spica brace for the right hand, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. The medical records do not document the presence of daytime symptoms for this patient nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. For example, sedating antidepressants are a MTUS recommended first line of treatment for chronic pain but this patient is not on any of these medications. Continued use of this medication is thus not medically indicated until the above evaluation is completed. Medical necessity has not been established.

Purchase of spica brace, right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-9, 264-5, 272.

Decision rationale: A splint is a medical device classified medically as durable medical equipment and used to immobilize a part of the body. It is an acceptable non-pharmacologic treatment used to help support painful or unstable joints. ACOEM guidelines note it is effective for treating DeQuervain's tenosynovitis and recommends limiting motion with a splint as first-line therapy. At this point in the care of this patient use of a splint is an appropriate therapeutic option. Medical necessity has been established.