

Case Number:	CM15-0182950		
Date Assigned:	09/23/2015	Date of Injury:	08/23/2009
Decision Date:	10/29/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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 65 year old male, who sustained an industrial injury on August 23, 2009. The injured worker was currently diagnosed as having impingement syndrome. Treatment to date has included diagnostic studies, surgery, activity modification, therapy, trigger point injection and medication. On August 12, 2015, the injured worker complained of left shoulder pain. Associated symptoms included burning, popping, waking up at night and severe headaches. His chronic pain was noted to be affecting him emotionally and he was reported to be showing signs of depression. On the day of exam, his current medication regimen included temazepam, metoprolol, Lisinopril, pentazocine, sumatriptan and Anaprox-DS. The treatment plan included Anaprox, sumatriptan, Wellbutrin XL, urine drug screen test, evaluation for sleep disorder and a follow-up visit. On August 22, 2015, utilization review denied a request for one evaluation for sleep disorder and Sumatriptan 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 evaluation for sleep disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Polysomnography.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. As per Official Disability Guidelines, sleep studies is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Provider has not documented a single criteria. There is no documentation concerning issues with sleep, what conservative measures have been attempted and what psychiatric issues may be contributory. Sleep issue appears to be from pain. Due to lack of documentation concerning sleep issue, sleep evaluation is not medically necessary.

30 Sumatriptan 100 mg: 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) Head, Triptans.

Decision rationale: Sumatriptan is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines (ODG) is recommended for migraines. Provider has no documented a diagnosis of migraines. Provider has not documented any complaints of headaches, diagnosis of migraine or any statements concerning headaches. The use a triptan for unknown diagnosis is not appropriate and is not medically necessary.