

Case Number:	CM15-0185704		
Date Assigned:	09/25/2015	Date of Injury:	03/01/2013
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 56 year old female, who sustained an industrial injury on March 1, 2013. Medical records indicate that the injured worker is undergoing treatment for shoulder synovitis, trigger finger, open wound of the finger with tendon involvement, cervical neck strain, adhesive capsulitis of shoulders, carpal tunnel syndrome and medical epicondylitis. The injured worker was working with modified duties. On (8-25-15) the injured worker complained of triggering of the ring finger on the right hand and left elbow pain. Examination of the right hand revealed thickening of the soft tissues in line with the ring finger in the area of the flexor tendons, synovial thickening, a palpable nodule and triggering. The treating physician recommended surgical intervention to the right hand. A QME evaluation dated 1-22-15 notes that the injured worker had difficulty with sleeping due to pain. There was no mention of a sleep diary or sleep hygiene education. Treatment and evaluation to date has included medications, radiological studies, right hand injection, electrodiagnostic studies, right long finger trigger finger release surgery 4-16-14, left long finger and ring finger trigger finger release and tenosynovectomies on 10-15-14 and bilateral carpal tunnel release surgery. A current medication list was not found in the medical records. The request for authorization dated 8-27-15 included requests for a flexor tendon repair-advance, Flexeril 10 mg #60 and Ambien 10 mg #14. The Utilization Review documentation dated 9-3-15 non-certified the request for a flexor tendon repair-advance, Flexeril 10 mg #60 and Ambien 10 mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexor tendon repair/advance Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for flexor tendon repair or advancement. Records review document the patient has neck and bilateral upper extremity symptoms attributed to the cumulative effects of clerical work before March 2013. It is documented she has flexor tendon triggering. Trigger finger release surgery is planned. The California MTUS notes that trigger finger release surgery is a minor procedure which can be performed under local anesthesia (page 271). The proposed tendon repair is a surgery performed for individuals who have completely cut or torn a tendon. It is not a surgery for triggering. Multiple records from multiple physicians including the treating physician, a consultant hand surgeon and independent medical examiner (QME) note that this is an old cumulative injury the patient has not cut a tendon and tendon repair is not necessary.

Flexeril 10 mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: This is a request for 60 tablets of the skeletal muscle relaxant cyclobenzaprine for use after trigger finger release surgery. The patient has also been prescribed anti-inflammatory medications and narcotics. Cyclobenzaprine is not typically prescribe following minor hand surgeries and the California MTUS notes that the addition of cyclobenzaprine to other agents "such as the prescribe narcotics" is not recommended. Therefore, the request is not medically necessary.

Ambien 10 mg Qty: 14.00: 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), Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Ther. 2011 Jul; 18 (4): 305-8. DOI: 10.1097/MJT.0b013e3181d169ed. Zolpidem misuse with other medications or alcohol frequently results in intensive care unit admission. Zosel A1, Osterberg EC, Mycyk MB.

Decision rationale: This is a request for 14 tablets of Ambien prescribed for a patient in whom trigger finger release surgery is planned. Zolpidem is used to treat insomnia and some brain disorders. It has not been studied in patients following minor hand surgery and shouldn't be mixed with other central nervous system depressants such as the opiates, which have also been prescribed for this same patient. Therefore, the request is not medically necessary.