MAXIMUS Federal Services

Case Number:	CM15-0186058		
Date Assigned:	09/29/2015	Date of Injury:	07/05/2014
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on 7-5-14. The injured worker is being treated for left elbow lateral epicondylitis. A sleep study was performed on 7-14-15. (MRI) magnetic resonance imaging of left elbow performed on 5-24-15 revealed increased signal in the common extensor tendon which may reflect tendinosis and radio humeral joint effusion. Treatment to date has included shock therapy (with no relief), oral medications including Tramadol 50mg and Motrin 800mg; physical therapy, acupuncture, home exercise program and activity modifications. An allergy to cortisone injections is noted. On 7-21-15 the injured worker complained of frequent dull pain extending to the left elbow from the left shoulder and constant dull to sharp pain in left elbow radiating to the left shoulder with popping and loss of strength; she noted the left wrist and hand was improving, left elbow and left shoulder remained the same and on 8-19-15, she complains of constant sharp stabbing pain in left elbow rated 7 out of 10; she notes the pain is worsening and there is a popping sensation along with problem with grasping and gripping. She also notes difficulty falling asleep due to pain, waking during the night due to pain and decreased muscle mass and strength. She notes with the current course of medications she sleeps 7-8 hours a night; prior to the she slept 1-2 hours a night. Work status is noted to be temporary total disability. Physical exam performed on 8-19-15 revealed non-specific tenderness at the left elbow, moderate tenderness to palpation at the lateral epicondyle on left and lateral epicondyle tenderness is positive on the left elbow. On 8-19-15 a request for authorization was submitted for Platelet rich plasma injection, surgical debridement of left tennis elbow and Ambien 10mg #30 with 2 refills. On 8-24-15 a request for Platelet rich plasma injection, surgical debridement of left tennis elbow and Ambien 10mg #30 with 2 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Tennis Elbow Debridement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore the request is not medically necessary.

Platelet Rich Plasma Unit Injection for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 10, Elbow Complaints, page 24 regarding PRP. Autologous blood injections: There are no quality studies of autologous blood injections for lateral epicondylalgia. Quality studies are not available on autologous blood injections and there is no evidence of its benefits. This option while low cost, it is invasive and has side effects. Thus, autologous blood injections are not recommended. Therefore the guideline criteria have not been met and the request is not medically necessary.

Ambien 10mg #30 with two refills: 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: Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Zolpidem (Ambien).

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 8/19/15 of insomnia to warrant Ambien. Therefore the request is not medically necessary.