

Case Number:	CM15-0196037		
Date Assigned:	10/09/2015	Date of Injury:	08/27/1999
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 year old female, who sustained an industrial injury on 8-27-1999. The injured worker is undergoing treatment for: carpal tunnel syndrome, status post bilateral carpal tunnel releases, De Quervain's tenosynovitis in bilateral wrists, and insomnia due to pain. On 7-23-15 and 8-24-15, she reported bilateral wrist pain. She is seen wearing bilateral cock-up splints. She also reported numbness and tingling with burning pain in her wrists and hands. She indicated she had chronic insomnia due to pain in her wrists, and she attains a 50 percent pain reduction with medications. She rated her current pain 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed positive Phalen's and Tinels signs, positive Finkelstein maneuvers, disuse atrophy in the interosseous and thenar eminences with diminished grip strength in both hands. There is no discussion regarding onset of pain relief or how long pain relief lasts with the use of Ultracet. There is no current assessment of her sleep hygiene. The treatment and diagnostic testing to date has included: medications, urine drug screen (8-24-15) reported as appropriate, splints, grip ball, status post bilateral carpal tunnel releases (dates unclear), narcotic contract, and home exercise program. Medications have included: Mobic, Rozerem, Ultracet, belsomra, norco. The records indicate she has been utilizing opiate medications since at least July 2014, possibly longer. Current work status: not documented. The request for authorization is for: Ultracet quantity 120, Belsomra 10mg quantity 30. The UR dated 9-8-15: non-certified the request for Ultracet quantity 120, Belsomra 10mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Opioids, specific drug list.

Decision rationale: Ultracet #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The ODG states that Ultracet is indicated for short-term use, 5 days in acute pain management. The ODG states that Ultracet is Tramadol/Acetaminophen (Ultracet; generic available) with a dose of 37.5mg/325mg. The documentation does not reveal extenuating factors that necessitate long term use of this medication which is indicated for acute pain. Furthermore, the request does not specify a dose. The request for Ultracet is not medically necessary.

Belsomra 10mg #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 (Chronic), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress- Suvorexant (Belsomra) and Pain- Insomnia treatment.

Decision rationale: Belsomra 10mg #30 is not medically necessary per the ODG. The ODG states that Suvorexant (Belsomra) is not recommended as a first-line treatment for insomnia due to adverse effects. The MTUS states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. A failure of sleep disturbance to resolve in a 7 to 10 day period may indicate psychiatric and/or medical illness. The documentation indicates that the patient has pain causing her insomnia. The guidelines recommend evaluating and treating the cause of sleep disturbance, which in this case, would be pain. Additionally, the documentation does not indicate evidence of functional improvement with prior Belsomra use therefore this request is not medically necessary.