

Case Number:	CM15-0020060		
Date Assigned:	02/09/2015	Date of Injury:	05/07/2014
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 05/07/2014. The mechanism of injury involved a fall. The injured worker is currently diagnosed as status post left shoulder arthroscopic surgery on 11/11/2014 with adhesive capsulitis, left carpal tunnel syndrome, left ulnar nerve neuritis, and musculoligamentous strain of the lumbar spine. The injured worker presented on 12/31/2014 for a follow-up evaluation with complaints of tingling and numbness in the left hand. The injured worker also reported low back pain upon heavy lifting and repetitive activity. Upon examination of the left upper extremity, there was evidence of wasting of the thenar eminence, tenderness over the left ulnar nerve and left carpal tunnel region, and positive Tinel's sign for ulnar nerve neuritis and carpal tunnel syndrome. Two point discrimination was noted at 5 mm. Recommendations at that time included an EMG/NCV as well as continuation of Norco 5/325 mg and Ambien 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg: 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) chapter.

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

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. Additionally, there was no mention of an attempt at nonpharmacologic treatment for insomnia prior to the request for a prescription product. The request as submitted also failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate in this case.

EMG/NCV study right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter Carpal Tunnel Syndrome chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. While it is noted that the injured worker has positive examination evidence of possible carpal tunnel syndrome, the symptoms as well as physical examination findings indicate pathology in the left upper extremity. The medical necessity for electrodiagnostic studies of the right upper extremity has not been established at this time. Therefore, the request is not medically appropriate.