

<b>Case Number:</b>	CM15-0049644		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Massachusetts

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

### 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 52 year old female who sustained a cumulative industrial injury on May 6, 2013. The injured worker is status post right ulnar nerve release within the cubital tunnel of the elbow with submuscular transposition on May 15, 2014. Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies were performed on July 25, 2103 and a magnetic resonance imaging (MRI) of the right wrist on December 28, 2013. The injured worker is diagnosed with overuse disorder and right cubital tunnel syndrome. According to the primary treating physician's progress report most current record in this review on November 10, 2014, the patient continues to experience pain without radiation associated with numbness and crepitation with movements. Range of motion is preserved with slight tenderness at the medial epicondyle and decreased right upper extremity grip capacity. The injured worker has not returned to her customary work duties due to the modifications required and the inability for the employer to accommodate the restrictions. Current medications are listed as Tylenol with Codeine and Lunesta, which is the requested medication for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300-30mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for right elbow pain. Treatments have included an ulnar nerve transposition. She has ongoing, non-radiating symptoms and crepitus with range of motion. Tylenol #3 (APAP/codeine 300/30 mg) is a short acting combination weak opioid often used for intermittent or breakthrough pain. In this case, there are no identified issues of abuse or addiction. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Tylenol #3 was medically necessary.

**Lunesta 3mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for right elbow pain. Treatments have included an ulnar nerve transposition. She has ongoing, non-radiating symptoms and crepitus with range of motion. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary.