

<b>Case Number:</b>	CM14-0053615		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old prison employee reported multiple injuries with a date of 8/21/08. The mechanism of injury is not described in the available records. She apparently sustained a right ankle fracture, and has had 2 ankle surgeries: an open reduction and fixation on 9/9/08, and an arthroscopy/synovectomy with removal of hardware on 8/26/09. Current diagnoses include s/p right ankle fracture and surgeries, left hip pain, low back strain, cervical strain, bilateral shoulder strain, left knee contusion with chondromalacia patellae, and depression. She also has obesity which is deemed to be work-related, and sleep apnea related to the obesity. She is not working. She is followed by a secondary treater who lists diagnoses of diabetes, hypertension, chronic pain state, chronic mixed headaches, anxiety and depression, obesity and excessive daytime sleepiness. This treater apparently ordered sleep studies, the first of which took place on 2/1/14. The report from this study documented that the patient had complaints of excessive daytime sleepiness and fatigue, inability to concentrate, difficulty staying awake while driving, loud snoring, morning headaches, and restless sleep. The report documented that the patient had an apnea/hypopnea index (AHI) of 13.9 per sleep hour. Diagnoses included obstructive sleep apnea syndrome and periodic limb movements of sleep. Evaluation for a positive pressure airway device was recommended. A second sleep study documented that with CPAP (continuous positive airway pressure) titrated to 10 cm H<sub>2</sub>O pressure, the patient's AHI decreased to 5.6. There are two notes in the records that make it clear that the patient has been supplied with CPAP. Both are by providers who are involved in counseling the patient for her mental health issues. On 5/1/14 the provider notes that the patient looks deeply exhausted, and writes "CPAP

working?" ON 5/29/14 the provider writes that the patient's current mask irritates her nose, and that she is not using her CPAP consistently. Both providers note that the patient has been having auditory hallucinations. There is a note from the secondary treater dated 7/2/14 which still lists a diagnosis of excessive daytime sleepiness, and does not address sleep apnea or CPAP use. The patient's secondary treater apparently requested authorization for CPAP and supplies for 12 months. There is no progress note or request for authorization from him regarding CPAP in the available records. The request for CPAP and supplies was modified in UR on 3/31/14 to CPAP and supplies for 6 months. Somewhat inexplicably, ODG Pulmonary chapter, Non-invasive positive pressure ventilation for patients with COPD was cited as a basis for the decision. In addition, an article from Sleep Science on improving CPAP compliance was also cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CPAP (continuous positive airway pressure) machine with supplies for 12 months:** 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) Noninvasive positive pressure ventilation (NPPV)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online, evidence-based review service for clinicians ([www.uptodate.com](http://www.uptodate.com)), Management of obstructive sleep apnea in adults.

**Decision rationale:** The UptoDate citation above recommends that patients with an apnea/hypopnea index (AHI) over 5 and one or more clinical or physiologic sequelae attributable to obstructive sleep apnea (OSA) be treated, most commonly with continuous positive airway pressure (CPAP). It also notes that decreased adherence can lessen the potential benefits of CPAP, and that recognition of nonadherence is important. A variety of interventions can be made to support CPAP use, including troubleshooting device side effects and behavioral therapy. Patients on CPAP should be evaluated frequently, especially during the first few weeks of therapy. The clinical documentation in this case does not support the provision of CPAP and supplies for one year to this patient. This patient had an initial AHI of 13.9 and multiple clinical and physiologic sequelae of OSA including excessive daytime drowsiness and hypertension. Although it appears that CPAP itself is medically necessary according to the criteria above, CPAP without medical supervision for a year is not indicated. There is already evidence that this patient is not complying with CPAP use. It is causing irritation to her nose, and she is not using it consistently for that reason alone. She apparently is having auditory hallucinations, and it is questionable whether or not she is even able to comply with its use. The secondary treater who ordered sleep studies and the CPAP itself is obviously not monitoring its use in any way, and does not appear to be aware of the problems the patient is having with it. In this situation, it is medically inadvisable to continue to provide CPAP and supplies for a prolonged period such as a year. According to the evidence-based citation above and to the clinical documentation provided for my review, CPAP and supplies for 12 month are not medically necessary. They are not medically necessary because it is unclear if the patient can or will use CPAP consistently, and

because it appears that the provider who ordered it has not performed the indicated frequent follow up and monitoring of the patient, and has not made appropriate interventions.