

<b>Case Number:</b>	CM15-0125638		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/25/2001
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Texas, 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 is a 57 year old female patient, who sustained an industrial injury on May 25, 2001, incurring neck, right shoulder, elbows, knees and wrist injuries. She was diagnosed with bilateral carpal tunnel syndrome, anxiety, depression and obstructive sleep apnea. Per the note dated 2/12/2014, she developed emotional stressors and complained of sleep disorders, persistent pain and physical limitations. She was using Ambien for sleep. She has had C-PAP and she felt C- PAP to be effective. The medications list includes benicar, metformin, glipizide, victoza, Ambien and Hydrocodone. She has had sleep study dated 4/11/2012, which revealed mild obstructive sleep apnea and hypoapnea. She underwent two surgeries for wrists, right shoulder, elbows and knees. Treatment included pain medications, sleep apnea studies, CPAP machine, sleep aides and work restrictions. Per the pre authorization note dated 6/1/2015, treatment plan included request for authorization of an oral appliance, diagnostic study model, office visit and delivery of oral appliance and prosthetic training and muscle reprogramming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oral appliance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dental Policy Bulletin #018 - Obstructive Sleep Apnea URL [[www.aetna/cpb/dental/data/DCPB019.html](http://www.aetna/cpb/dental/data/DCPB019.html)].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15), Sleep aids, Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Per the cited guidelines regarding sleep aids "depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. (Colorado, 2005) Specifically, one study shows that both zopiclone and lorazepam are effective in the treatment of insomnia. Also, preliminary evidence demonstrates the value of Melatonin and Amitriptyline in treating sleep disorder." A recent detailed clinical evaluation note is not specified in the records provided. Oral appliances are prescribed for obstructive sleep apnea. She has had C-PAP and she felt C-PAP to be effective. Evidence of failure of C-PAP is not specified in the records provided. Ongoing efforts, response and failure of other non-pharmacological treatment (weight loss, extension of time in bed, naps) and pharmacotherapy for insomnia and obstructive sleep apnea is not specified in the records provided. The request is not medically necessary.

**Diagnostic study model:** 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) Chapter: Head (updated 07/24/15), Sleep aids, Other Medical Treatment Guideline or Medical Evidence, PubMed and Other Medical Treatment Guidelines Management of Obstructive Sleep Apnea in Adults: A Clinical Practice Guideline From the American College of Physicians: Qaseem A, Holty JE, Owens DK, Dallas P, Starkey M, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians Ann Intern Med. 2013 Sep.

**Decision rationale:** Q-- Diagnostic study model. Per the cited guidelines regarding sleep aids "depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. (Colorado, 2005) Specifically, one study shows that both zopiclone and lorazepam are effective in the treatment of insomnia. Also, preliminary evidence demonstrates the value of Melatonin and Amitriptyline in treating sleep disorder." A recent detailed clinical evaluation note is not specified in the records provided. Diagnostic study model is prescribed to prepare an oral appliance. Oral appliances are prescribed for obstructive sleep apnea. She has had C-PAP and she felt C-PAP to be effective. Evidence of failure of C-PAP is not specified in the records provided. Ongoing efforts, response and failure of other non-pharmacological treatment (weight loss, extension of time in bed, naps) and pharmacotherapy for insomnia and obstructive sleep apnea is not specified in the records provided. The medical

necessity of Oral appliance is not fully established for this patient. As the medical necessity of Oral appliance is not fully established, the request is not medically necessary.

**Office visit, delivery of Oral Appliance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Q-- Office visit, delivery of Oral Appliance. MTUS guidelines: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A recent detailed clinical evaluation note is not specified in the records provided. Office visit is requested for delivery of Oral Appliance. Oral appliances are prescribed for obstructive sleep apnea. She has had C-PAP and she felt C-PAP to be effective. Evidence of failure of C-PAP is not specified in the records provided. Ongoing efforts, response and failure of other non-pharmacological treatment (weight loss, extension of time in bed, naps) and pharmacotherapy for insomnia and obstructive sleep apnea is not specified in the records provided. The medical necessity of Oral appliance is not fully established for this patient. As the medical necessity of Oral appliance is not fully established, the request is not medically necessary.

**Prosthetic training, muscle reprogramming: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Evaluation & Management (E&M); Dental Policy Bulletin #018 - Obstructive Sleep Apnea URL [[www.aetna/cpb/dental/data/DCPB019.html](http://www.aetna/cpb/dental/data/DCPB019.html)].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Sleep aids Other Medical Treatment Guideline or Medical Evidence Pub Med and Other Medical Treatment Guidelines Management of Obstructive Sleep Apnea in Adults: A Clinical Practice Guideline From the American College of Physicians. Qaseem A, Holty JE, Owens DK, Dallas P, Starkey M, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians, Ann Intern Med. 2013 Sep.

**Decision rationale:** Q-- Prosthetic training, muscle reprogramming. Per the cited guidelines regarding sleep aids "depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. (Colorado, 2005) Specifically, one study shows that both zopiclone and lorazepam are effective in the treatment of insomnia. Also, preliminary evidence demonstrates the value of Melatonin and Amitriptyline

in treating sleep disorder..." A recent detailed clinical evaluation note is not specified in the records provided. Prosthetic training, muscle reprogramming was requested in association with the request for an oral appliance for obstructive sleep apnea. She has had C-PAP and she felt C-PAP to be effective. Evidence of failure of C-PAP is not specified in the records provided. Ongoing efforts, response and failure of other non-pharmacological treatment (weight loss, extension of time in bed, naps) and pharmacotherapy for insomnia and obstructive sleep apnea is not specified in the records provided. The medical necessity of Oral appliance is not fully established for this patient. As the medical necessity of Oral appliance is not fully established, the medical necessity of Prosthetic training, muscle reprogramming is also not medically necessary.