

Case Number:	CM15-0026293		
Date Assigned:	02/18/2015	Date of Injury:	05/12/2009
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 36 year old male, who sustained an industrial injury on 5/12/09. He has reported head, neck and right wrist injuries. The diagnoses have included fracture of right radius, cervical sprain with radiculitis, head contusion and ligament tear right wrist. Treatment to date has included medications, diagnostics and conservative measures. Currently, the injured worker complains of continued right wrist pain. He has had no new injuries, no testing and has not attending therapy. The pain is described as constant and has trouble with gripping and grasping. He states that at work he uses repetitive hand motion and this causes increased pain. The neck pain is constant with numbness and tingling in the neck that radiates to both shoulders. Upward and downward gazing causes increased pain. The x-ray of the cervical spine dated 2/2/15 revealed subluxation of C6 on C7. The X-ray of the right wrist dated 2/2/15 revealed healed fracture of the distal radius with articular component. Physical exam revealed that he lacks three finger breaths from touching chin to chest. Extension is 35 degrees; rotation is 60 degrees on the right and 75 degrees on the right. The wrist range of motion was pronation 80/90, ulnar deviation was 15/15, radial deviation was 5/10, and dorsiflexion was 5/30. Treatment options were discussed such as medications, therapy, diagnostics and possible surgery to right wrist. There were no documented previous surgeries, diagnostics or physical therapy sessions. On 2/9/15 Utilization Review non-certified a request for Zolpiderm 10mg quantity 150 and One wrist immobilizer, noting that regarding the Zolpiderm, there was no indications in the documentation that the injured worker has symptoms, signs or diagnosis of insomnia and regarding the wrist immobilizer, there was no indication in the medical records that this was being used for an acute

fracture or as part of a treatment for chronic arthritis. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpiderm 10mg quantity 150: 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) Pain Chapter, Zolpidem.

Decision rationale: Guidelines indicate Zolpidem is appropriate for the short term treatment of insomnia (2-6 weeks). The clinical documentation fails to indicate symptoms, signs or diagnosis of insomnia. Furthermore, Zolpidem is only recommended for a short term course. The request for Zolpidem #150 is not medically necessary and appropriate.

One wrist immobilizer: 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) Hand and wrist.

Decision rationale: Guidelines recommend splinting in the treatment of arthritis of the hand and wrist or for an acute fracture. In this case, clinical documentation does not indicate that the patient is suffering from an acute fracture or arthritis. Thus the request for a wrist immobilizer is not medically necessary and appropriate.