

Case Number:	CM15-0092765		
Date Assigned:	05/19/2015	Date of Injury:	08/08/2013
Decision Date:	07/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old male, who sustained an industrial injury on August 8, 2013. He was driving at a fast speed on an all-terrain, four-wheeled vehicle when he was ejected after being unable to make a turn at the speed he was going. He reported right shoulder, arm, neck and right wrist pain. The injured worker was diagnosed as having right shoulder bursitis and impingement, partial rotator cuff tear, right elbow mild osteoarthritis with lateral epicondyle avulsion and right carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, wrist orthotics, injections to the right shoulder and elbow, medications and work restrictions. Currently, the injured worker complains of continued right shoulder, arm, neck and right wrist pain. It was noted he was cleared for carpal tunnel release but has not been authorized through the surgical center where the surgery was to be performed. Evaluation on March 9, 2015, revealed continued pain as noted. He reported improvement with chiropractic care and injections. Post-operative physical therapy, a wrist brace and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 270.

Decision rationale: Per the MTUS /ACOEM post operative splinting is not recommended. Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. A review of the injured workers medical records did not reveal extenuating circumstances that would warrant deviating from the guidelines and therefore the request for right wrist brace is not medically necessary.

Zofran 4mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Antiemetics (for opioid nausea).

Decision rationale: The MTUS/ ACOEM did not specifically address the use of ondansetron in the injured worker therefore, other guidelines were consulted. Per the ODG, ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use, however it is FDA-approved for postoperative use. A review of the injured workers medical records reveal that zofran is being prescribed for postoperative use and therefore the request for Zofran 4mg #30 is medically necessary.

4 post operative physical therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines page(s): 16.

Decision rationale: Per the MTUS, post surgical physical therapy is recommended for carpal tunnel release, 3-8 visits over 3-5 weeks. A review of the injured workers medical records reveal that she has been authorized for carpal tunnel surgery. The request for 4 sessions of postoperative physical therapy appears to be within guideline recommendations and is medically necessary.

Ambien 10mg #30: Overturned

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 (Chronic) / Zolpidem (Ambien).

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. A review of the injured workers medical records reveal that ambien is being prescribed for short-term post operative use only and is medically necessary.