

Case Number:	CM14-0205133		
Date Assigned:	12/17/2014	Date of Injury:	02/11/1999
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 62-year-old male with a 2/11/99 date of injury, and status post left knee surgery 12/4/03. At the time (11/11/14) of request for authorization for Lunesta, Purchase of a TENs unit with supplies, and Purchase of a cold therapy unit with wrap, there is documentation of subjective (symptoms over the area of the ganglion cyst where he is getting some skin breakdown) and objective (ganglion cyst over the lateral aspect of the ankle and distal aspect of the fibula, tenderness to palpation over plantar medial origin of the plantar fascia bilaterally worse on the right than the left, tenderness to palpation over the subtalar joint with limited range of motion of the subtalar joint, mild tenderness over anterior aspect of the ankle joint, anterolaterally and anteromedially, and decreased right ankle range of motion) findings, current diagnoses (degenerative changes in the ankle, plantar fasciitis on the left, arthritis/chondromalacia with flare up from offloading on the left knee, possible carpal tunnel syndrome, right with intermittent symptoms versus ulnar nerve compression from positioning and repetitive use, and peroneal tendon tendinitis, maybe from offloading to the lateral aspect of the foot after knee surgery), and treatment to date (physical therapy, bracing, and activity modifications). 11/21/14 medical report identifies surgery for ankle excision of ganglion cyst, scope/debridement, scope subtalar, bone graft, BMA is certified/authorized. Regarding Lunesta, there is no documentation of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta: 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), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia treatment, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes Eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of degenerative changes in the ankle, plantar fasciitis on the left, arthritis/chondromalacia with flare up from offloading on the left knee, possible carpal tunnel syndrome, right with intermittent symptoms versus ulnar nerve compression from positioning and repetitive use, and peroneal tendon tendinitis, maybe from offloading to the lateral aspect of the foot after knee surgery. However, there is no documentation of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Lunesta is not medically necessary.

Purchase of a TENS unit with supplies: 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), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116 and 117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies TENS unit as an option for acute post-operative pain in the first 30 days post-surgery, most effective for mild to moderate thoracotomy pain, and of lesser effect, or not at all, for other surgical procedure. Within the medical information available for review, there is documentation of diagnoses of degenerative changes in the ankle, plantar fasciitis on the left, arthritis/chondromalacia with flare up from offloading on the left knee, possible carpal tunnel syndrome, right with intermittent symptoms versus ulnar nerve compression from positioning and repetitive use, and peroneal tendon tendinitis, maybe from offloading to the lateral aspect of the foot after knee surgery. In addition, there is documentation of a surgery that is certified/authorized. However, the proposed Purchase of a TENS unit with supplies exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Purchase of a TENS unit with supplies is not medically necessary.

Purchase of a Cold Therapy Unit with Wrap: 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), Ankle & Foot, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Continuous-flow cryotherapy.

Decision rationale: MTUS reference to ACOEM identifies documentation of at-home applications of cold during first few days of acute ankle/foot complaint; thereafter, applications of heat or cold as patient prefers, unless swelling persists, then use cold. ODG identifies that continuous-flow cryotherapy to the ankle/foot is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Purchase of a cold therapy unit with wrap is not medically necessary.