

Case Number:	CM14-0137605		
Date Assigned:	09/05/2014	Date of Injury:	03/29/2004
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 42 year old male who was injured on 3/29/2004 after slipping. He was diagnosed with ankle/foot joint pain, Achilles tendinosis, plantar fasciitis, right tarsal tunnel syndrome, reflex sympathetic dystrophy, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, sciatica, and chronic pain syndrome with idiopathic insomnia. He was treated with physical therapy (including aquatic therapy), acupuncture, H-wave device, and oral medications (including oral and topical NSAIDs, gabapentin, and Lunesta). He was able to return to work, but still experienced chronic pain. On 4/25/14, the worker's physician's assistant reported the worker having responded well to acupuncture in 7/2013 decreasing his overall pain and allowing him to continue working as well as carry out activities of daily living. On 7/28/14, the worker was seen by his treating pain management physician's assistant complaining of his insomnia, low back pain, sciatica, and tail bone pain. His overall pain was rated at 7/10 on the pain scale with ibuprofen reducing his pain by more than 50% when he uses it occasionally. He also reported cognitive issues with gabapentin use. He was then recommended to continue his medications and also start using Lunesta again, more acupuncture, and more aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/index.html> odgtwc/pain.html#eszopicolone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Insomnia treatment section AND eszopicolone (Lunesta).

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been taking Lunesta chronically for some time to help him sleep at night having failed a Melatonin, reportedly. However, there are other sleep aids that are considered more appropriate for longterm use if needed. Whereas, Lunesta is not recommended for long-term use, and is therefore, not medically necessary to continue.

8 sessions of acupuncture for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, previous trials of acupuncture reportedly had helped him become more functional and have less pain. However, documentation immediately following these treatments evaluating this functional and quantifiable pain reduction was not provided in the reports provided for review. Therefore, without this documentation, the acupuncture is not medically necessary.

8 sessions of aqua therapy for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, AND Physical Medicine Page(s): 22, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-

based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). It was reported by the previous reviewer that the worker had previously trialed aquatic therapy for which there was no report found in the documents provided. If indeed the worker did trial aquatic therapy in the past, without documentation of benefit from previous trials and/or an explanation as to why the worker requires aquatic vs. land-based therapy, which is also missing from the documents provided, the aquatic therapy is not medically necessary.