

Case Number:	CM15-0122606		
Date Assigned:	07/06/2015	Date of Injury:	08/25/2013
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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

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 47 year old female, who sustained an industrial injury on August 25, 2013. She reported an onset of right knee pain. The injured worker was diagnosed as having internal derangement of the knee with high grade partial tear of the anterior cruciate ligament status post two previous cortisone injections and 15 therapy sessions without improvement and associated sleep, depression, stress, and sexual dysfunction. Treatments and evaluations to date have included MRI, cortisone injections, x-rays, bracing, physical therapy, and medication. Currently, the injured worker complains of the right knee. The Treating Physician's report dated May 22, 2015, noted the injured worker had undergone an anterior cruciate ligament augmentation nine weeks prior. The injured worker was noted to use a walker and a cane at times for ambulation, using partial weight bearing. The injured worker reported achieving 90 degrees of flexion of the knee. The injured worker was noted to have issues with sleep, stress, and depression. Physical examination was noted to show some fluid in the knee, without evidence of infection. The treatment plan was noted to include continued therapy, and requests for authorization for medications including Effexor XR, AcipHex, Tramadol ER, Percocet, Valium, Lunesta, Norflex, and Nalfon, for x-rays of the knee, and for a DonJoy brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, knee brace.

Decision rationale: The CA MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines note a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Prophylactic braces and prolonged bracing for anterior cruciate ligament (ACL) deficient knee is not recommended. The Official Disability Guidelines (ODG) notes there are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Postoperative bracing was not noted to protect against re-injury, decrease pain, or improve stability. Prefabricated knee braces may be appropriate for patients with reconstructed ligaments, but custom-made braces are appropriate only when there are conditions such as abnormal limb contour, skin changes, severe osteoarthritis, the need for maximal off-loading of painful or repaired knee compartment, or severe instability as noted on physical examination. The injured worker was noted to be partial weight bearing with the Physician suggesting she should flex the knee to prevent stiffening and get as much motion as possible. The injured worker was noted to not be doing any chores around the house or had any documentation of need to be stressing the knee. The physical examination was noted to show the knee with 90-degree motion, without documentation of severe instability. The documentation provided did not include documentation of use of a prefabricated brace post anterior cruciate ligament reconstruction procedure, abnormal limb contour or skin changes or need for maximal off-loading. Based on the MTUS and Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity of the request for Defiance brace molded plastic, for the right knee.

Lower Right knee addition to brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, knee brace.

Decision rationale: The CA MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines note a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Based on the MTUS and Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity of the request for a Defiance brace molded plastic for the right knee. Therefore, the request for a lower right knee addition to brace is also not medically necessary.

Upper Right Knee Addition to brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, knee brace.

Decision rationale: The CA MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines note a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Based on the MTUS and Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity of the request for a Defiance brace molded plastic for the right knee. Therefore, the request for a lower right knee addition to brace is also not medically necessary.

Lunesta 2mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Eszopiclone (Lunesta).

Decision rationale: The MTUS is silent on the use of Lunesta. The Official Disability Guidelines (ODG) notes Eszopiclone (Lunesta) is not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. 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 as 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. The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. The injured worker was noted to have issues with sleep; however no physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components of insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The requested dose was for 2mg instead of the FDA recommended 1mg. Based on the Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity of the request for Lunesta 2mg quantity 30.