

<b>Case Number:</b>	CM15-0174642		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male, who sustained an industrial injury on 8-14-2014. The medical records indicate that the injured worker is undergoing treatment for closed calcaneus fracture, sinus tarsi, edema, and neuropathy. According to the progress report dated 4-28-2015, the injured worker complains of antalgic gait, burning pain in his heel, inability to bear weight, and trouble sleeping due to pain. The level of pain is not rated. The physical examination reveals nerve pain and edema. The current medications are not specified. Treatment to date has included medication management, x-ray, physical therapy, MRI studies, and cam walker. Work status is not specified in the 4-28-2015 progress note. The original utilization review (8-18-2015) had non-certified a retrospective request for 1 ace wrap, 1 Unna boot, 2 iontophoresis treatments, and Eszopiclone (DOS: 4-28-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One ace wrap:** Overturned

**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 (Acute and Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Compression therapy for the treatment of chronic venous insufficiency, Splinting of Musculoskeletal Injuries.

**Decision rationale:** With regard to the request for Ace bandage wraps for the lower extremity, the CA MTUS, ACOEM, and ODG do not address this issue. Instead, an evidenced based database (Uptodate Online) is referred. The article on compression bandages and therapy offer the following indications for compression therapy: Significant edema due to chronic venous insufficiency. Weeping due to chronic venous insufficiency. Lipodermatosclerosis. Venous ulceration without cellulitis or significant pain. Furthermore, there is specification to use elastic wraps in conjunctions with cotton fluffs for calcaneal fractures and foot injuries in the section entitled "Splinting of Musculoskeletal Injuries." Contraindications include active cellulitis or severe peripheral vascular disease. The article specifies that the Ace wrap is a form of elastic compression. "Elastic compression can be provided to the lower extremity by one of several methods, including elastic compression stockings, elastic wraps (e.g., ACE), short stretch bandages (various manufacturers), or specialized multilayered bandaging systems. Elastic wraps are not generally used because they do not provide sufficient pressure. Multilayered bandaging systems (e.g., Profore) are usually composed of two or four layers, usually consisting of at least one absorbent layer of wool or cotton wool (often the first layer next to the skin) and at least one elastic layer. Some systems omit the padding layer (e.g., Ptter). The outermost layer adheres to the layer beneath to keep the bandage from slipping. Unlike the Unna boot, elastic compression bandaging systems conform to changes in leg size and thus sustain compression during activity and at rest. The absorptive layers also lessen the strikethrough of fluid." Within the documentation submitted for review, there is documentation of continued edema in this worker who sustained a calcaneal injury. Given this, it is appropriate to continue the use the Ace elastic bandage. Therefore, the request is medically necessary.

**One Unna boot:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Compression therapy for the treatment of chronic venous insufficiency.

**Decision rationale:** With regard to the request for an Unna boot, the CA MTUS, ACOEM, and ODG do not address this issue. Instead, an evidenced based database (Uptodate Online) is referred. The article on compression bandages and therapy offer the following indications for compression therapy: Significant edema due to chronic venous insufficiency. Weeping due to chronic venous insufficiency. Lipodermatosclerosis. Venous ulceration without cellulitis or significant pain. Contraindications include active cellulitis or severe peripheral vascular disease. The article specifies that the Unna boot is form of inelastic compression therapy, which provides a high working pressure with muscle contraction, and therefore during ambulation, but no resting pressure. "The most common method of inelastic compression therapy is the Unna boot, an inelastic single component moist bandage that is impregnated with zinc oxide or calamine (with or without glycerin) and hardens after application. The Unna boot is relatively inexpensive and is available in several commercial preparations in either three or four-inch widths. Unna boot is easy to apply and improves healing rates compared with placebo or hydroactive dressings." Within the documentation submitted for review, there is documentation of foot injury with

continued edema. However, there is no documentation of venous insufficiency or venous stasis ulcers in this case. Given the lack of indication and the fact that the patient already has elastic compression with Ace bandage, this request is not medically necessary.

**Two iontophoresis treatments: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Iontophoresis.

**Decision rationale:** With regard to the request for iontophoresis for the foot/ankle region, ACOEM Chapter 14 states on page 371 the following: "In particular, iontophoresis and phonophoresis have little or no proven efficacy in treating foot and ankle complaints." Furthermore, the ODG, Ankle and Foot Chapter states the following regarding iontophoresis: "Not recommended. There is limited evidence for the effectiveness of topical corticosteroid administered by iontophoresis in reducing plantar heel pain. (Crawford, 2002) (Crawford-Cohrane, 2003)" Given this guideline recommendation against iontophoresis, this request is not medically necessary.

**One prescription of Eszopiclone 1 mg, thirty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**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 & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopiclone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The ODG recommends non-pharmacologic treatments and education on behavior techniques and sleep hygiene as first line. Given this, the current request is not medically necessary.