

<b>Case Number:</b>	CM15-0004201		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This is a 57 year old male patient, who sustained an industrial injury on 02/18/2009. He has reported subsequent right hip, groin, bilateral knee, low back and left elbow pain. The diagnoses have included internal derangement of the left knee, labral tear of the right hip, degenerative disc disease of the lumbar spine, status post ACL reconstruction and medial and lateral meniscotomy, lumbar radiculopathy, medial epicondylitis of the left elbow, post-traumatic myofascial pain, depression, anxiety and sleep disorder. Per the doctor's note dated 11/7/2014, he had complains of knee, hip, elbow and low back pain and spasms of the lower back; stress, anxiety and sleep disturbance with inability to sleep at night due to the chronic pain. The physical examination revealed tenderness along the medial epicondyle with weakness to grip, tenderness over the anterior cruciate ligament portals and tibia; range of motion of knee- flexion 105 and extension 165 degrees, medial joint line tenderness and positive Mc Murray test. The physician requested refills of Nalfon for pain and Lunesta for sleep. The medications list includes nalfon, naproxen, tramadol, lunesta and flexeril. He has had lumbar MRI in 12/2012 which revealed three level disc disease; right hip MRI which revealed labral tear. He has undergone left knee ACL reconstruction and medial and lateral meniscotomy. He has had TENS pad, left knee and right hip injections, chiropractic therapy, nerve block of the lumbar spine for this injury. On 01/07/2015, Utilization Review non-certified a request for Nalfon, noting that there was no evidence that the injured worker had been monitored for NSAID toxicity and non-certified a request for Lunesta 2 mg #30 noting that the records provided no evidence that a thorough evaluation of the injured worker's sleep complaints was performed or

an attempt to try other non-pharmacologic methods was made. MTUS Chronic Pain Treatment Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nalfon 400mg #60 per 11/07/2014. QTY: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications ? Page(s): page 22.

**Decision rationale:** Request: Nalfon 400mg #60 per 11/07/2014. QTY: 60.00 Nalfon contains Fenoprofen which is an NSAID. According to CA MTUS, Chronic pain medical treatment guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the records provided patient is having pain over the knee, hip, elbow and low back with history of left knee surgery. He has a tenderness, spasm and positive Mc Murray test for the knee which is an abnormal objective finding. Use of NSAIDS like fenoprofen is medically appropriate and necessary to manage his chronic pain. The request for Nalfon 400mg #60 per 11/07/2014. QTY: 60.00 is medically necessary and appropriate for this patient at that time.

**Lunesta 2mg #30 per 11/07/2014. QTY: 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment/ Disability Duration Guidelines, Pain (Chronic). Insomnia Treatment, Eszopiclone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Insomnia treatment

**Decision rationale:** Request- Lunesta 2mg #30 per 11/07/2014. QTY: 30.00 CA MTUS does not address this request. Eszopiclone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. Per the ODG guideline regarding insomnia treatment "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. The medical necessity of Lunesta 2mg #30 per 11/07/2014. QTY: 30.00 is not fully established in this patient.

