

<b>Case Number:</b>	CM15-0136937		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 12, 2009. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for Flexeril, tramadol, and zaleplon. The claims administrator referenced an RFA form received on June 9, 2015 in its determination. A follow-up visit of May 11, 2015 was also referenced. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of knee pain. The applicant stated that he was still able to work and do his job despite residual knee discomfort. The applicant was asked to return to regular duty work and follow up in three months. Medication selection and medication efficacy were not explicitly discussed. It did appear that several prescriptions, including cyclobenzaprine and Sonata were endorsed on May 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg qty: 60 refills not specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using Naprosyn, Ultracet, Sonata, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Tramadol 37.5-325 mg qty: 60 refills not specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had returned to regular work as of the May 11, 2015 office visit at issue, said May 11, 2015 progress note did not incorporate any discussion on medication efficacy. There was no mention of Ultracet (or other medications) on that date. The attending provider did not explicitly state whether or not Ultracet (or other medications) had or had not been effective. Therefore, the request was not medically necessary.

**Zaleplon 10 mg qty: 60 refills not specified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Pain (Chronic) updated 04/30/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

**Decision rationale:** Similarly, the request for zaleplon (Sonata) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of

medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's May 11, 2015 progress note made no mention of for what issue, diagnosis, and/or purpose Sonata had been prescribed. While ODGs Mental Illness and Stress Chapter Insomnia Treatment topic does state that Sonata is recommended for short-term use purposes with a controlled trial showing effectiveness for up to five weeks, here, however, the May 11, 2015 progress note made no mention of the applicant's having issues with insomnia. It was not clearly established whether the request for Sonata represented a renewal request versus a first-time request. The 60-tablet supply of zaleplon (Sonata) at issue, however, did suggest that Sonata was not, in fact, being employed for short-term use purposes. Therefore, the request was not medically necessary.