

<b>Case Number:</b>	CM15-0075699		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Internal 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 59 year old female injured worker suffered an industrial injury on 04/09/2002. The diagnoses included right total knee replacement 2010 and left total knee replacement on 1/28/2015 and right elbow pain. The injured worker had been treated with physical therapy and medications. On 3/18/2015 the treating provider reported bilateral knee pain left worse than right and right elbow pain. On exam there is tenderness of both knees and right elbow. The bilateral lower extremities were reduced in range of motion. The treatment plan included Lunesta, Fluoroscopic evaluation of right total knee, Flexeril, Nalfon, Naproxen, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Lunesta 2mg Qty: 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 (ODG).

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

**Decision rationale:** Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, there is no documentation that the patient had a history of insomnia or sleep disturbances. Medical necessity of the requested item has not been established. The requested medication is not medically necessary. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate that Lunesta has helped this injured worker. The requested medication is not medically necessary.

**Fluoroscopic evaluation of right total knee Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/](http://www.nlm.nih.gov/).

**Decision rationale:** Fluoroscopy makes it possible to see internal organs in motion. When iodine is injected into the joint space, it coats the inner lining of the joint structures and appears bright

white on an arthrogram, allowing the radiologist to assess the anatomy and function of the joint. Painful total knee arthroplasty (TKA) represents a diagnostic challenge for the clinician and radiologist, as there is a wide variety of potential etiologies, with a broad range of clinical presentations, and the abnormalities on imaging studies are often subtle, absent, or nonspecific. The rationale about this particular type of imaging is not clear in the submitted Medical Records, therefore, the requested treatment is not medically necessary.

**Lunesta 2mg Qty: 30.00 (for 05/07/2015 office visit): 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).

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

**Decision rationale:** Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, there is no documentation that the patient had a history of insomnia or sleep disturbances. Medical necessity of the requested item has not been established. The requested medication is not medically necessary. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate that Lunesta has helped this injured worker. The requested medication is not medically necessary.

**Flexeril 7.5mg Qty: 60.00 (for 05/07/2015 office visit): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this

case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Nalfon 400mg (for 05/07/2015 office visit) Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21, 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** This prescription for Nalfon is evaluated in light of the CA MTUS and Official Disability Guidelines (ODG) recommendations. Fenoprofen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

**Naproxen 550mg (for 05/07/2015 office visit) Qty:60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** As per MTUS Guidelines Naproxen is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. The Medical Records are not clear why this patient is also prescribed Nalfon, another NSAID, and there is no compelling evidence presented by the provider to document that the patient has had any significant functional improvements from this medication. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Tramadol ER 150mg (for 05/07/2015 office visit) Qty: 30.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 75-82.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been documentation of the medication's analgesic effectiveness and that the patient has functional improvement with ongoing opioid therapy. Medical necessity of the requested medication has been established. The request is medically necessary.