

<b>Case Number:</b>	CM13-0022704		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/17/2003
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old male with a 9/17/03 injury involving his back and both knees. He was a laborer for a motorhome company and fell from a table. He was diagnosed with bilateral internal derangement of the knees, with degeneration of the medial meniscus of the right knee and degenerative tear of the medial meniscus of the left knee. The IMR application shows a dispute with the 9/3/13 UR decision. The 9/3/13 UR letter is by [REDACTED] and denies Flexeril 10mg 3x/day, Fioricet 4-6 hrs prn, and PT 2x4 for the low back. The letter states [REDACTED] prescribed the medications on 8/20/13. The 8/20/13 PR-2 shows complaints of neck and low back pain, in a check-box format. There is an 8/19/13 report from [REDACTED], an orthopedist, that states there is no history of migraine headaches, and there were no complaints of headaches or low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 10mg 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The medical records provided for review show the patient has been prescribed Flexeril since 2/26/13. The MTUS Chronic Pain Guidelines for Flexeril/cyclobenzaprine specifically states, "This medication is not recommended to be used for longer than 2-3 weeks." The continued use of Flexeril from the 8/20/13 request is not in accordance with the MTUS Chronic Pain Guidelines. The request for Cyclobenzaprine (Flexeril) 10mg 3 times daily is not medically necessary and appropriate.

**APAP/Butalbital/Caffeine (Floriset) 325/50/40mg every 4-6 hours as needed:** Upheld

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

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

**Decision rationale:** Fioricet contains butalbital, a barbiturate, and MTUS Chronic Pain Guidelines specifically state, "Barbiturate-containing analgesic agents (BCAs): Not recommended for chronic pain." The request is not in accordance with MTUS Chronic Pain Guidelines. The request for APAP/Butalbital/Caffeine (Floriset) 325/50/40mg every 4-6 hours as needed is not medically necessary and appropriate.

**Physical therapy 2 times a week for 4 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical Medicine Page(s): 9,98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend up to 8-10 visits of PT for various myalgias or neuralgias. In this case, 8 sessions of Physical Therapy were requested for the lower back. However, MTUS Chronic Pain Guidelines on page 9 state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The progress notes are in check-box form, and the patient was approved for 8 sessions of PT in March 2013, but notes from visits on 1/8/13, 2/6/13, 5/21/13, 7/9/13, 8/20/13 and 9/5/13 do not mention any improvement in function with prior PT. There is no documented evidence that the 8 prior PT sessions provided any benefit. The request for Physical therapy 2 times a week for 4 weeks for the low back is not medically necessary and appropriate.