

<b>Case Number:</b>	CM14-0154769		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/11/2006
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Internal Medicine 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 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/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 injured worker (IW) is a 47-year-old woman with a date of injury of November 11, 2006. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 10, 2014, the IW complains of headaches, neck pain, mid back pain, and low back pain. She also has bilateral knee pain. She is current taking Voltaren XR, Fioricet, Omeprazole and Flexeril, which provide 30% relief. The Documentation indicated that the IW has been taking Fioricet since at least May 7, 2014. Physical examination reveals tenderness to palpation over the anterior and posterior aspect of the left knee. Left knee range of motion reveals flexion of 90 degrees and extension of 1-degrees. There are no effusions. Medial and lateral stress and McMurray's tests are positive on the left. All remaining orthopedic tests are negative. Relevant diagnoses include: status-post right knee arthroscopy with residual knee pain in 2011 with increased flare-up pain, right knee internal derangement, osteoarthritis and pain, right knee bony bruise, posterior horn of the medial meniscus with a possible partial tear and mild effusion seen in patellofemoral and suprapatellar bursa per MRI dated November 25, 2013, and status-post right knee Synvisc injection times 3. There were no diagnoses pertaining to the left knee documented. There was no documentation of prior left knee radiographs documented in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and leg chapter, MRI Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, left knee MRI is not medically necessary. The guidelines enumerate indications for magnetic resonance imaging. The indications include, but are not limited to, non-traumatic knee pain, child or adult; patellofemoral (anterior) symptoms, radiographs non-diagnostic (demonstrate normal findings or joint diffusion); if additional imaging is necessary and suspect internal derangement is suspected. In this case, the May 7, 2014 progress note indicates the injured worker has intermittent right knee pain. There was no discussion of acute trauma involving the knee. The injured worker also stated her left knee pain is unchanged. Physical examination showed tenderness palpation over the anterior and posterior aspects of the left knee. In the list of diagnoses, the left knee was not mentioned or discussed. There were no plain radiographs of the left knee taken. The June 4, 2014 progress note states the bilateral knees feel better since her last visit. Physical examination showed tenderness over the anterior and posterior aspect of the left knee and again, and the list of diagnoses omitted the left knee as being problematic. In the September 10, 2014 note, the injured worker complained of bilateral knee pain with weakness in the knees, left great and right. Physical examination remained unchanged. The injured worker did not meet the criteria for having an MRI of the left knee performed. The left knee injury appeared to be non-traumatic and there were no plain radiographs performed at any point in time during the workup. Consequently, MRI of the left knee is not medically necessary.

**Floriset #90:** Upheld

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Fioriset #90 is not medically necessary. Barbiturate containing analgesic agents (BCA) (Fioriset) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCA's due to barbiturate constituents. Fioriset is commonly used for acute headaches, with some data to support it, but there is risks of medication overuse as well as rebound headaches. In this case, the injured worker had a Fioriset prescription refill May 7, 2014. The start date for Fioriset is not documented. In a September 2014 progress note her headaches were no better. The documentation indicated her symptoms were worse. There was no documentation showing objective functional improvement. Fioriset has a risk of medication overuse as well as rebound headaches and it is not recommended for chronic pain. Consequently, Fioriset #90 is not medically necessary.

