

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0034077 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 09/16/1995 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 is a 44-year-old with reported date of injury on September 16, 1995. The mechanism of injury reportedly occurred while the injured worker was working under a rail car, resulting in a left below the knee amputation. The injured worker presented with low back pain occasionally radiating to his bilateral hips and left posterior thigh rated at a 7/10. In addition, the injured worker presented with pain in the right knee and right shoulder. On physical examination, the physician indicated the injured worker had decreased range of motion of the cervical spine. A right shoulder examination revealed tenderness to palpation. The lumbosacral spine examination revealed tenderness to palpation with increased muscle rigidity bilaterally as well as decreased range of motion. The cervical spine MRI dated March 31, 2011 revealed a posterior disc protrusion with mild hypertrophic facet changes at C4-5 and a 2.2 to 3 mm posterior disc protrusion at C6-7. The CT dated November 3, 2011 of the right knee revealed postsurgical changes with probable anterior cruciate ligament reconstruction. There was degenerative arthritis noted in the right knee predominantly involving the medial compartment. The injured worker's diagnoses included lumbar spine sprain/strain, lumbar facet arthropathy, left lower extremity radiculopathy, left knee below knee amputation in 1996, posttraumatic stress disorder, right rotator cuff tear repair on May 1, 2009, tinnitus with decreased hearing and medication induced gastritis. The injured worker's medication regimen included Doral 15 mg, OxyContin, Norco, Anaprox DS, Fexmid, Prilosec, Neurontin, Lexapro, Synovacin, Fiorinal, Halcion, Colace, Zofran ODT, Lidoderm patches, Soma and Ultram. The request for authorization for Doral 50 mg quantity unknown and physical therapy, cervical, lumbar and knees 2x6 was not submitted. The rationale for the request for not provided within the clinical information provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral 15mg, unknown quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long term use because long term effectiveness is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The range of action includes hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly. According to the documentation provided for review the injured worker has utilized Doral prior to February 19, 2014. There is a lack of documentation related to the addition of Doral to the injured worker's medication regimen. In addition, the guidelines do not recommend benzodiazepines past four weeks, and do not recommend benzodiazepines for long term use because effectiveness is not proven and there is a risk of dependence. In addition, the request, as submitted, failed to provide the frequency, directions for use and the quantity to be utilized. The request for Doral 15mg, unknown quantity, is not medically necessary or appropriate.

**Physical therapy for the cervical , lumbar, and knees, twice weekly for six weeks:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that physical medicine is recommended. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information provided for review indicates that the injured worker previously participated in physical therapy, the results of which were not provided within the clinical information available for review. In addition, the guidelines recommend eight to ten visits of physical therapy over a four week period. The additional request of twelve visits exceeds the recommended guidelines. In addition, there is a lack of documentation related to the injured worker's range of motion and functional deficits. The request for physical therapy cervical , lumbar, and knees, twice weekly for six weeks, is not medically necessary or appropriate.

