

Case Number:	CM14-0212808		
Date Assigned:	12/30/2014	Date of Injury:	05/17/1973
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 41 year old female with an injury date of 01/01/11. The patient is status post diagnostic and operative arthroscopy, partial lateral meniscectomy, extensive synovectomy, and arthroscopic patellar realignment of the right knee, as per operative report dated 06/03/14. As per progress report dated 11/05/14, the patient complains of constant and throbbing right knee pain rated at 8/10, constant and sharp pain in the lumbar spine rated at 9/10, and constant right ankle pain at 9/10. While surgery helped with locking and popping of the knee, the patient experiences discomfort while climbing stairs. The lumbar pain radiates to left lower extremity to knee and right lower extremity to toe. The patient has also been diagnosed with major depression, single episode, moderately severe, as per psychiatric consultation report dated 10/10/14. The patient has been allowed to return to modified work, as per progress report dated 11/05/14. Medications, as per psychiatric evaluation report dated 10/10/14, include Celexa, Ativan, Trazodone, Fioricet and Omeprazole. The patient has completed physical therapy for the right knee and is benefiting from home exercise regiment, as per progress report dated 11/05/14. CT Scan of the Right Ankle, 08/04/14:- 6 x 5 mm medial talar dome osteochondral body surrounded by low attenuation, consistent with high grade lesion at high risk instability- Os peroneum and a tiny os naviculare incidentally noted. Diagnoses, 11/05/14:- Right knee, 1.0 cm, patellar subluxation syndrome, Lower back pain with disc protrusions, multilevel, with bilateral lower extremity radiculopathy, S/P right ankle debridement, Antalgic gait- S/P partial lateral meniscectomy, extensive synovectomy, and arthroscopic patellar realignment of the right knee, 06/03/14 Podiatric diagnoses, 11/03/14:- Plantar fasciitis of the right foot - Status post

arthroscopic surgery with osteochondral drilling of the right ankle, Osteochondritis dissecans of the right ankle, Sprain/strain of the right ankle, Painful gait. The treater is requesting for (a) ATIVAN 2 mg # 370 (b) FIORICET (ACETAMINOPHEN 325 mg/ BUTALBITAL 150 mg / CAFFEINE 40 MGL # 180). The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 02/10/14 - 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic 'Benzodiazepine'

Decision rationale: The patient is status post diagnostic and operative arthroscopy, partial lateral meniscectomy, extensive synovectomy, and arthroscopic patellar realignment of the right knee, as per operative report dated 06/03/14. The request is for ATIVAN 2 mg # 370. As per progress report dated 11/05/14, the patient complains of constant and throbbing in right knee pain rated at 8/10, constant and sharp pain in the lumbar spine rated at 9/10, and constant right ankle pain at 9/10. The patient has also been diagnosed with major depression, single episode, moderately severe, as per psychiatric consultation report dated 10/10/14. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." As per progress report dated 10/10/14, the patient suffers from anxiety and tension. The treater has prescribed Ativan for anxiety, as per the same progress report. The patient also has some insomnia, although the intensity has reduced in recent times. While Ativan can be beneficial, ODG guidelines recommend against the use of Valium for more than 4 weeks. In this case, the patient has been prescribed the medication at least since 03/28/14 and consequently, the treater's request for another # 370 appears excessive. This request IS NOT medically necessary.

Fioricet (acetaminophen 325mg/butalbital 50mg/caffeine 40mg) #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)'

Decision rationale: The patient is status post diagnostic and operative arthroscopy, partial lateral meniscectomy, extensive synovectomy, and arthroscopic patellar realignment of the right knee, as per operative report dated 06/03/14. The request is for FIORICET (ACETAMINOPHEN 325 mg/ BUTALBITAL 150 mg / CAFFEINE 40 MGL # 180). As per progress report dated 11/05/14, the patient complains of constant and throbbing in right knee pain rated at 8/10, constant and sharp pain in the lumbar spine rated at 9/10, and constant right ankle pain at 9/10. The patient has also been diagnosed with major depression, single episode, moderately severe, as per psychiatric consultation report dated 10/10/14. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet 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 BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. In this case, the first prescription for Fioricet is noted in progress report dated 03/28/14. The patient has been receiving the medication consistently since then. In progress report dated 10/10/14, the treater states that the medication is being prescribed for headaches. However, ODG guidelines only recommend Fioricet for acute headaches not chronic pain as there is a risk of medication overuse as well as rebound headache. Hence, the request IS NOT medically necessary.