

<b>Case Number:</b>	CM15-0012367		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/15/1985
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male patient, who sustained an industrial injury on August 15, 1985. The diagnoses have included chronic lumbar sprain/strain, left knee contusion and ligament strain, left knee fracture, right knee sprain and rule out medial meniscus tear. Per the doctor's note dated 12/4/2014, he had complaints of low back pain radiating to right leg and bilateral knee pain. The physical examination revealed lumbar spine- tenderness, spasm, range of motion- flexion 60 and extension 10 degrees, positive straight leg raising on the right at 60 degrees; right knee- tenderness over the medial and lateral joint line, range of motion 0 to 135 degrees with pain; left knee- tenderness and range of motion 0 to 135 degrees. The medications list includes fioricet and ativan. He has undergone left knee surgery in 1998 and right knee surgery in 1990. He has had triple phase bone scan bilateral knees on 12/9/2014 which revealed probable degenerative changes. He has had physical therapy visits for this injury. On December 30, 2014 utilization review modified a request for physical therapy 12 visits (3 x 4), knees and low back and non-certified a request for Fioricet tablets # 90 and Ativan 2mg #90. The Medical Treatment Utilization Schedule (MTUS) Chronic pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits (3 x 4), knees and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

**Decision rationale:** Request: Physical Therapy 12 visits (3 x 4), knees and low back. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The number of physical therapy sessions completed since the date of injury is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 12 visits (3 x 4), knees and low back is not established for this patient at this time.

**Fioricet tablets # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): page 23.

**Decision rationale:** Request: Fioricet tablets # 90. Fioricet (Fiorcet) contains a combination of acetaminophen, butalbital and caffeine. Butalbital is in a group of drugs called barbiturates. According to MTUS guidelines, page 23, barbiturates are 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) There is a risk of medication overuse as well as rebound headache. Per the submitted medical records, patient had complaints of low back pain radiating to right leg and bilateral knee pain. Barbiturates are not recommended by MTUS for chronic pain. The medical necessity of Fioricet tablets # 90 is not established for this patient.

**Ativan 2mg #90:** Upheld

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

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

**Decision rationale:** Request: Ativan 2mg #90. Ativan contains lorazepam which is a benzodiazepine. According to MTUS guidelines Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Ativan 2mg #90 is not established for this patient.