

<b>Case Number:</b>	CM13-0051732		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/27/1997
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and Rehabilitation 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 52-year-old female who reported an injury on 08/27/1997. The patient is diagnosed with post-traumatic fibromyalgia syndrome, bilateral sciatic nerve pain, and migraine headaches. The patient was evaluated on 10/08/2013. The patient had completed 18 out of 19 individual sessions. A re-evaluation was completed at that time via telephone. The patient reported worsening shoulder pain and fatigue. The patient also reported diminished quality of life secondary to back and shoulder pain. Treatment recommendations included a 1 year pool membership at the [REDACTED] a re-evaluation with [REDACTED], approval of Lyrica, and an [REDACTED]-Stim unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic

neuropathy and posttherapeutic neuralgia. As per the documentation submitted, the patient's latest physical examination was documented on 09/30/2013 and revealed limited range of motion, spasm, and weakness. It was noted that the patient's EMG study did not corroborate findings of neuropathic etiology. The patient had previously utilized Lyrica for the treatment of nerve pain. Although it was noted that Lyrica provided relief over Neurontin, there was no documentation of objective measurable improvement in the patient's symptoms or physical examination findings while utilizing this medication. Additionally, there was no strength, frequency, or quantity provided in the request. Based on the clinical information received, the request is non-certified.

■■■■ **Stim purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** A-stimulator therapy is an anti-inflammatory base treatment modality. California MTUS Guidelines state microcurrent electrical stimulation devices are not recommended. There is no documentation of failure to respond to more traditional conservative treatment. There is also no evidence of a specific treatment plan with the short-term and long-term goals of treatment with the unit provided. Based on the clinical information received, the request is non-certified.

**1 year pool membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym memberships.

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There is no documentation of failure to respond to a home exercise program. There is also no evidence of the need for equipment. There is no indication that this patient requires reduced weight bearing as opposed to land-based physical therapy. Based on the clinical information received, the request is non-certified.

**Re-evaluation with internist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the occupational therapy provider requested a re-evaluation with [REDACTED] on 10/08/2013. However, documentation of any internal complaints or deficits was not provided. The medical necessity has not been established. Therefore, the request is non-certified.