

<b>Case Number:</b>	CM14-0008008		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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:

Patient is a 67-year-old female who has submitted a claim for lumbar facet arthropathy, reflex sympathetic dystrophy, right knee internal derangement, chondromalacia patella, and piriformis syndrome associated with an industrial injury date of October 1, 1997. Medical records from 2013 - 2014 were reviewed. Patient complained of back pain radiating to bilateral lower extremities, graded 8/10 in severity. Patient had difficulty walking and sitting. Foot drop was present. Range of motion was limited. Muscle spasm was present at the low back area. She was bent forward in her wheelchair. Treatment to date has included implantable programmable pain pump, physical therapy, and medications such as Zoloft, Soma, Xanax, Neurontin, Senokot, Norco, Lidoderm, Lyrica, and Nuvigil. Utilization review from January 9, 2014 denied the request for pool lift because guidelines do not recommend durable medical equipment inclusive of a deluxe feature; and denied the reclining medical chair due to insufficient documentation for its use. The retrospective request for Lyrica 75 mg, #540 was modified into # 270 to monitor medication efficacy and compliance. The request for physical/aquatic therapy, #12 was modified into #6 without documented reason for it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: LYRICA 75MG THREE TIMES A DAY DISPENSED ON 12/17/2013. QTY 540.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as June 2013. Patient's manifestation of chronic low back pain radiating to bilateral lower extremities is consistent with neuropathic pain. Patient likewise reported pain relief associated with the use of pregabalin. The medical necessity has been established. However, there was no discussion concerning the need to provide an excessive quantity of #540. Medication adherence, compliance and efficacy should be monitored regularly. Therefore, the retrospective request for Lyrica 75mg three times a day dispensed on 12/17/2013. QTY 540.00 is not medically necessary.

**CONTINUED PHYSICAL/AQUATIC THERAPY. QTY:12.00:** 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 Aquatic Therapy, Physical Medicine Page(s): 22-23, 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has had physical/aquatic therapy in the past. However, total number of sessions completed and functional outcomes derived from it were not documented. Moreover, patient's height is 5 feet 9 inches, weight of 175 pounds, and a derived body mass index of 25.8 kg/m<sup>2</sup>. Patient is not extremely obese. There was no indication why patient could not participate in a land-based physical therapy program. Body part to be treated is likewise not specified. Therefore, the request for Continued Physical/Aquatic Therapy. QTY:12.00 is not medically necessary.

**POOL LIFT. QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem- Clinical Guidelines- Durable Medical Equipment (DME) Guideline.

**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, Durable medical equipment (DME).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, pool lift was requested to allow patient in performing aquatic therapy exercises at home. However, progress report from 11/12/13 cited the patient had difficulty performing exercises in physical therapy given the large number of physical problems. Patient has been deemed permanently 100% disabled. The medical necessity was not established because progress reports failed to provide evidence that patient can perform the exercises independently in a safe manner. Moreover, there was no indication why patient could not participate in a land-based exercise instead. Therefore, the request for pool lift is not medically necessary.

**RECLINING MEDICAL CHAIR. QTY:1.00:** 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) Knee Section, Wheelchair.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends reclining back option if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. In this case, there was no documented rationale for the request. The patient does not meet the criteria for use of a reclining chair as stated above. The medical necessity was not established. Therefore, the request for a reclining medical chair is not medically necessary.