

<b>Case Number:</b>	CM14-0008433		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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:

Injured worker is a female with date of injury 10/10/2001. Per request for authorization dated 1/14/2014, the injured worker reports constant pain that ranges from 6-8/10 on a daily basis. Norco decreases pain to 5/10 making pain more manageable and allowing her to be more functional. She also admits to tightness, which has been managed by Flexeril. Flexeril helps to decrease the intensity and frequency of tightness. She also admits to numbness and tingling that radiates from the back to the right lower extremity occasionally. She is able to pick up a half gallon of milk. She does have poor gripping and grasping with incidents of dropping items. She has broken many plates. Pain increases when sitting longer than 30 minutes, walking longer than 20 minutes, and standing longer than 30 minutes. She is currently not working and receiving social security disability. She is able to do chores 9in short intervals. Pain does wake her up at night resulting in insomnia. She also admits to feeling depressed at times due to chronic pain that decreases her ability to do tasks. She uses hot and cold modalities for pain as needed, particularly preferring hot. On examination, blood pressure is 113/67 and pulse is 83. The patient is not in acute distress. She is overweight. Neck extension to 15 degrees and flexion to 20 degrees. Right elbow extends to 180 degrees and flexes to 160 degrees. Diagnoses include 1) cervicogenic disc disease with facet inflammation as well as right sided radiculopathy 2) lumbogenic disc disease with right S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22.

**Decision rationale:** The physician is requesting aqua therapy to help improve ROM, function, strength and decreased pain level. The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home exercise. The total numbers of sessions recommended are as follows: myalgia and myositis 9-10 visits over 8 weeks; neuralgia, neuritis and radiculitis, 8-10 visits over 4 weeks; and reflex sympathetic dystrophy allows 24 visits over 16 weeks. This request is not for a specific number of visits, and is for a six month time. Therapist guided therapy is intended to decrease over time as the patient replaces therapist guided exercise with self-directed exercise program. The request for Aqua therapy for 6 months is determined not medically necessary.

**Lyrica 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

**Decision rationale:** The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports. The clinical reports provided for review do not address the use of Lyrica, only reporting on the efficacy of Norco and Flexeril. It appears that the injured worker has been on this medication for substantial time without documentation of the benefit received from it. The MTUS Guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Lyrica should not be discontinued abruptly, and that weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 50 mg #60 is determined not medically necessary.