

Case Number:	CM14-0110836		
Date Assigned:	08/01/2014	Date of Injury:	11/07/1990
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

81y/o female injured worker with date of injury 11/7/90 with related low back pain. Per progress report dated 6/13/14, the injured worker reported pain rated 3-4/10 on good days and 9-10/10 on bad days. She reported pain down the left side of the leg. She noted that the Lyrica helped with night time pain and that she was not waking now with pain at night. Per physical exam, straight leg raise on the left was positive. Imaging studies were not available in the documentation submitted for review. The documentation did not specify whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, #30, with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy/anti-convulsants; Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to

treat fibromyalgia." According to MTUS CPMTG p16, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The documentation submitted for review supports the use of this medication for the injured worker's neuropathic pain. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Progress report dated 6/13/14 notes that the Lyrica has helped relieve the injured worker's night time pain when she takes it at night and has allowed her to sleep through the night. I respectfully disagree with the UR physician's assertion that there was no evidence of functional improvement. Enabling the injured worker to have a more restful sleep supports improvement in activities of daily living. The request is medically necessary. It should be noted that the UR physician has partially certified Lyrica for one refill as the injured worker was returning for a follow up. The MTUS does not specify how many refills should be granted.

Interferential or TENS unit, duration unspecified.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS); TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not detail a program of evidence-based functional restoration that would be used in conjunction with transcutaneous therapy. Furthermore, there is no evidence that other appropriate pain modalities have been tried such as physical therapy or acupuncture. The request is not medically necessary.