

<b>Case Number:</b>	CM14-0130806		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine & 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 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:

This patient sustained an injury on 11/11/09 while employed by [REDACTED]. Request(s) under consideration include; Lyrica 50mg #60 and Occupational therapy (OT) for 12 visits (3 times per week for 4 weeks) to the right shoulder. Diagnoses include; Right lateral epicondylitis; Right wrist tendinitis, Right radial tunnel syndrome status post (s/p) surgery 11/14/13, and s/p right shoulder arthroscopy in 2011. Report of 6/5/14 from the provider noted the patient has been using Lyrica with significant improvement in pain relief of right arm and cervical area rated at 5-8/10 VAS, right shoulder with discomfort. Exam showed tenderness at right subacromial space, with increased pain on abduction, and elevation of arm above shoulder level; pain at distal clavicle, right trapezius along with right elbow, pain on palpation over radial nerve distal to right elbow. Treatment included; continued Lyrica, Physical Therapy (PT) and MRI of right elbow. Appeal letter of 7/23/14 noted continued chronic symptoms in right upper extremity and cervical spine. MRI for right shoulder dated 5/23/14 showed tendinitis of biceps with subacromial fluid and finding of prior surgical decompression. Exam showed unchanged pain with range of shoulder and arm, with decrease sensation of first web space in right hand. Treatment was unchanged. The request(s) for Lyrica 50mg #60 and Occupational therapy (OT) for 12 visits (3 times per week for 4 weeks) to the right shoulder were not medically necessary on 8/12/14 while citing guidelines criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 100.

**Decision rationale:** Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, it also has FDA's approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have unchanged neurological findings. Submitted medical reports have not adequately demonstrated indication, and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 50mg #60 is not medically necessary and appropriate.

**Occupational therapy (OT) for 12 visits (3 times per week for 4 weeks) to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** The request(s) for Occupational therapy (OT) for 12 visits (3 times per week for 4 weeks) to the right shoulder was not medically necessary on 8/12/14. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the Physical Therapy (PT) treatment already rendered including milestones of increased Range of Motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement, to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit.

The Occupational therapy (OT) for 12 visits (3 times per week for 4 weeks) to the right shoulder is not medically necessary and appropriate.