

<b>Case Number:</b>	CM14-0034978		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 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:

The injured worker is a 69-year-old female who reported an injury on 08/30/2002. The mechanism of injury was not provided. The documentation of 02/07/2014 revealed the injured worker had low back pain and bilateral extremity pain in the knees anteriorly and left lower extremity posterolaterally to the calf. The treatments included medications and a transforaminal epidural steroid injection, as well as a medial branch block. The current medications included Zofran 8mg one tablet twice a day, Plavix 75mg one tablet once a day, lovastatin 10mg tablets once a day, cyclobenzaprine 10mg tablets one tablet at bedtime as needed, lisinopril 10mg tablets one tablet daily, Lyrica 5mg tablets 2/1 every day and twice a day, and hydrocodone/APAP 10/325mg one tablet three times a day. Additionally, the injured worker was taking insulin and Novolin and Regular insulin. The physical examination revealed muscle guarding, spasm, and trigger point injection (TPI) along the lumbar paraspinal and quadratus lumborum. The injured worker had increased low back pain with extension and lateral rotation. The motor strength was 5/5 in the bilateral lower extremities. The sensation was diminished to light touch and pinprick and temperature in the bilateral L4 and L5 dermatomes. The deep tendon reflexes were 1+ in the bilateral knees and ankles. There was joint line tenderness in the right knee and decreased range of motion. The injured worker had crepitus with range of motion. The diagnoses included facet arthropathy/syndrome, lumbar disc with radiculitis, degeneration of the lumbar disc, low back pain, knee pain, and shoulder pain. The treatment plan included a refill of Zofran tablets, stop Xodol tablets, refill hydrocodone/APAP, start topiramate 50mg, and start Lyrica 50mg capsules one capsule twice a day #60; however, additionally it was written that the injured worker was already taking Lyrica. An additional request was for pool therapy times six visits.

### 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 Pregabalin (Lyrica, no generic available).

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

**Decision rationale:** The California MTUS guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the duration of use for the requested medication. The note indicated the Lyrica was both a current medication and a medication that was being started. There would need to be clarification as to whether the treatment was a continuation and had objective functional benefit or whether the medication was being trialed. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Lyrica is not medically necessary.

**POOL THERAPY TIMES SIX (6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98-99.

**Decision rationale:** The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to provide documentation the injured worker had a necessity for reduced weight bearing. The injured worker was noted to have participated in multiple physical therapy sessions previously and there was a lack of documentation indicating objective functional deficits to support the necessity for further treatment. Given the above, the request for pool therapy times 6 is not medically necessary. Additionally, the request as submitted failed to indicate the body part to be treated with pool therapy. As such, the request is not certified.