

<b>Case Number:</b>	CM14-0074851		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

This is a 39-year-old female with a 6/7/10 date of injury. The mechanism of injury occurred when she was working as a housekeeper and tripped while going down the stairs. According to a progress report dated 7/7/14, the patient complained of low back pain that travelled down to both legs with numbness. Her right ankle had continued pain and swelling, and her left foot had continued pain with some relief with medication. She also stated that she had difficulties sleeping due to pain and was depressed due to her medical condition. Objective findings: lumbar spine tenderness and pain radiates into right lower extremity, limited ROM, tenderness and pain and limited ROM of left foot. Diagnostic impression: lumbar spine sprain and strain, myofascitis, lower extremity radiculopathy, status post right ankle surgery x3, sleep difficulty. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/7/14 denied the requests for Lyrica and bilateral shoe inserts. The patient has been on Lyrica since some time in 2012. No quantification of pain relief or documentation of functional improvements was provided. Regarding bilateral shoe inserts, there is no evidence that the patient has plantar fasciitis, plantar fasciosis, or heel spur syndrome, for which Orthotics (shoe inserts) are recommended options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100Mg Qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. It is noted in a 7/7/14 that Lyrica provides the patient with moderate pain relief for her ankle. She is able to complete some daily activities after medication. Guidelines support the use of Lyrica as a first-line medication for the treatment of neuropathic pain and in the presence of functional improvement. Therefore, the request for Lyrica 100 mg qty 60 was medically necessary.

**Bilateral Shoe Inserts qty 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Ankle and Foot Chapter 12th Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Orthotic Devices.

**Decision rationale:** CA MTUS does not address this issue. Per Official Disability Guidelines, Custom Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. The patient has not been diagnosed with plantar fasciitis, rheumatoid arthritis, plantar fasciosis, or heel spur syndrome. A specific rationale identifying why orthotic devices (shoe inserts) would be required in this patient was not provided. Therefore, the request for Bilateral Shoe Inserts qty 2 was not medically necessary.