

Case Number:	CM15-0164029		
Date Assigned:	09/01/2015	Date of Injury:	05/09/2001
Decision Date:	10/21/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female, who sustained an industrial injury on May 9, 2001 while working as a home caregiver. The injury occurred when the injured worker was walking to her car from a pharmacy and was assaulted by a gentleman. The injured worker lost consciousness and sustained multiple abrasions and soft tissue injuries. The diagnoses have included chronic low back pain, cervicgia, peripheral nerve impairment involving the peroneal nerve, fibromyalgia, affective spectrum disorder with widespread pain, major depressive disorder, irritable bowel syndrome, gastroesophageal reflux disease, lumbar spondylolisthesis with stenosis, multiple hammertoe deformity, urinary incontinence and chronic obstructive pulmonary disease. Comorbid diagnoses included a history of poorly controlled diabetes mellitus and hypertension. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, electrodiagnostic studies, laboratory studies, psychiatric assessments, lumbar epidural steroid injections, aquatic therapy, shockwave therapy to the lumbar spine and acupuncture treatments. The injured worker was noted to be permanent and stationary and was never expected to re-enter the labor market. Current documentation dated June 25, 2015 notes that the injured worker had continued widespread pain. The injured workers diabetes mellitus remained poorly controlled. The injured worker was to see a podiatrist regarding hammertoe deformities and skin breakdown. The injured worker was noted to have a peripherally inserted central catheter in place and was receiving intravenous antibiotics for a parenchymal abscess. Objective findings noted that the injured worker had a blood sugar of 200. Examination of the chest revealed diffuse wheezing and crackles over the bilateral lower lung fields. The treating physician's plan of care included requests for outpatient electromyography-nerve conduction velocity studies of the bilateral lower extremities, a non-invasive vascular

study utilizing ultrasound of the bilateral lower extremities, a purchase of women's orthopedic shoes and Lyrica 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV of the bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Electromyography (EMG), including H-reflex tests, "may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG for clinically obvious radiculopathy is not recommended. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the injured worker had chronic low back and neck pain and a diagnosis of fibromyalgia. However, subsequent documentation dated 6-25-2015, 5-7-2015 and 3-26-2015 does not document subjective neurologic symptoms. In addition, there is lack of documentation of neurological examinations indicating neurologic dysfunction such as sensor, reflex or motor system change. Therefore, the request for outpatient electromyography-nerve conduction velocity studies of the bilateral lower extremities is not medically necessary.

NIV of the lower extremities (non-invasive vascular study utilizing ultrasound): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / noninvasive diagnosis or arterial disease.

Decision rationale: The MTUS / ACOEM and the ODG did not address the use of non invasive vascular studies utilizing ultrasound, therefore other guidelines were consulted. Per UpToDate, "the evaluation of the patient with arterial disease begins with a thorough history and physical examination and uses noninvasive vascular studies as an adjunct to confirm a clinical diagnosis and further define the level and extent of vascular pathology. Vascular testing may be indicated for patients with suspected arterial disease based upon symptoms (e.g., intermittent claudication), physical examination findings (e.g., signs of tissue ischemia), or in patients with risk factors for atherosclerosis (e.g., smoking, diabetes mellitus) or other arterial pathology (e.g., trauma, peripheral embolism)" A review of the injured workers medical records reveal that she has uncontrolled diabetes and hypertension which are risk factors for atherosclerosis and she also has a history of lower extremity trauma and symptoms, non invasive vascular studies appear appropriate , therefore the request for NIV of the lower extremities (non-invasive vascular study utilizing ultrasound) is medically necessary.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends antiepilepsy drugs for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-therapeutic neuralgia. The FDA has approved Lyrica for both indications and it is considered first-line treatment for both. Lyrica is a Schedule V controlled substance because of its causal relationship with euphoria. Lyrica also has an anti-anxiety effect. The FDA also approved Lyrica as the first approved treatment for fibromyalgia. The guidelines note that a good response to antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response 30% reduction in pain. In this case, the injured worker had chronic low back and neck pain. The injured worker also had diagnoses of fibromyalgia and uncontrolled diabetes mellitus. The injured worker has been prescribed Lyrica since December of 2013. Subsequent documentation dated 6-25-2015, 5-7-2015 and 3-26-2015 do not document pain levels or a reduction in the injured workers pain with the use of the medication. Due to the lack of documented pain levels and a documented response with the use of the medication, the request for Lyrica is not medically necessary.

DME: Purchase of women orthopedic shoes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Shoes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic) / Durable Medical Equipment (DME). Ankle & Foot (Acute & Chronic) / surgery for hammer toe syndrome.

Decision rationale: The MTUS / ACOEM did not specifically address the use of orthosis therefore other guidelines were consulted. Per the ODG, "DME are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME)" The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). Per the ODG "Nonsurgical treatment is often the initial treatment choice for the symptomatic digital deformity. Various padding techniques exist, serving to cushion or offload pressure points that may involve both the affected toe(s) as well as its respective metatarsal head plantarly. Orthotic devices or shoe insole modifications using a metatarsal pad may offer relief of excessive metatarsal head pressures. Debridement of associated hyperkeratotic lesions usually is effective in helping to reduce symptoms. If local inflammation or bursitis exists, a corticosteroid injection into the affected area may be beneficial. Taping to reduce and splint flexible deformities may be performed, especially in the setting of an early crossover second toe deformity. Finally, footwear changes such as a wider and/or deeper toe box may be used to accommodate the deformity and decrease shoe pressure over osseous prominences." A review of the injured workers medical records reveal a history of hammer toe deformity with skin breakdown, the use

of appropriate orthosis is warranted, therefore the request for DME: Purchase of women orthopedic shoes is medically necessary.