

<b>Case Number:</b>	CM15-0192241		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male, who sustained an industrial injury on 02-18-2003. He has reported subsequent neck, upper extremity, low back and lower extremity pain and was diagnosed with cervical radiculitis, cervical brachial syndrome, lumbar radiculitis with gait instability and chronic pain syndrome. Treatment to date has included oral and topical pain medication, acupuncture, physical therapy and a functional restoration program. Documentation shows that Lyrica was prescribed since at least 12-11-2014. In progress notes dated 07-07-2015, 08-06-2015, 09-03-2015, the injured worker reported neck pain that ranged from 8 to 10 out of 10 on most days. Medication was noted to be effective and to allow the injured worker to function more independently with daily activities. Objective examination findings on 09-03-2015 revealed palpable trigger points in the splenius capitis, upper and lower trapezius and sternocleidomastoid areas, decreased cervical and lumbar lordosis, decreased range of motion of the cervical and lumbar spine, paresthesias along the lateral and medial aspects of the right leg with light touch, weakness of shoulder abduction and forward flexion, elbow flexion and extension, hip flexion, abduction, adduction and extension bilaterally, knee extension and flexion and ankle plantar flexion, dorsiflexion, inversion, eversion, extensor and hallucis longus bilaterally, equivocal Spurling's examination on the right, positive bilateral Adson's test, positive sacroiliac joint compression test bilaterally, positive slump test on the right and antalgic right sided gait. Work status was documented as permanently disabled. The physician noted that with the issues pertaining to the cervical and lumbar spine, it would be medically appropriate to get an installation of a wheelchair, scooter ramp to provide easier access in and out of his home with a motorized scooter. A request for authorization of 1 installation of wheelchair, scooter ramp and 1 prescription of Lyrica 150 mg #60 was submitted. As per the 09-23-2015 utilization review, the aforementioned requests were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Installation of Wheelchair/Scooter Ramp: 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): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

**Decision rationale:** The claimant has a remote history of a work injury in February 2003 when he injured his right knee while building a cubical working as a carpenter. He has chronic pain with diagnoses including cervical and lumbar radiculitis and cervical brachial syndrome. In September 2014, he had pain rated at 8-10/10. His Lyrica dose was increased. In follow-up in October 2014, he was more functional with this medication. The dose was increased in December 2014 and January 2015. In March 2015, pain levels were decreased by up to 40%. In May 2015, he was ambulating with a single point cane. When seen, Lyrica and Kadian were the only medications. In August 2015 there had been 17 medications listed. Medications were allowing him to function independently. Physical examination findings included decreased cervical and lumbar spine range of motion. There were splenius, upper trapezius, and sternocleidomastoid trigger points. There was decreased upper extremity and lower extremity strength. There was an antalgic gait without reference to use of an assistive device. A power mobility device or wheelchair is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant is able to ambulate without reported use of an assistive device. In May 2015, he was using a cane and there has been no interim injury. A scooter or wheelchair is not medically necessary and therefore a ramp for scooter / wheelchair access is also not medically necessary.

### **1 prescription of Lyrica 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The claimant has a remote history of a work injury in February 2003 when he injured his right knee while building a cubical working as a carpenter. He has chronic pain with diagnoses including cervical and lumbar radiculitis and cervical brachial syndrome. In September 2014, he had pain rated at 8-10/10. His Lyrica dose was increased. In follow-up in October 2014, he was more functional with this medication. The dose was increased in December 2014 and January 2015. In March 2015, pain levels were decreased by up to 40%. In May 2015, he was ambulating with a single point cane. When seen, Lyrica and Kadian were the only medications. In August 2015 there had been 17 medications listed. Medications were allowing him to function independently. Physical examination findings included decreased cervical and lumbar spine range of motion. There were splenius, upper trapezius, and

sternocleidomastoid trigger points. There was decreased upper extremity and lower extremity strength. There was an antalgic gait without reference to use of an assistive device. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations and an appropriate titration is documented. The claimant reports benefit including independent functioning with his current medications. The request is medically necessary.