

Case Number:	CM15-0203520		
Date Assigned:	10/20/2015	Date of Injury:	08/10/2011
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 66-year-old female who sustained an industrial injury on 8-10-2011 and has been treated for low back pain, right leg pain and numbness. She is status post right and left knee arthroplasty. MRI 11-13-2013 showed grade 1 listhesis at L5-S1; advanced degenerative changes; foraminal narrowing at L3-4 and L4-5; osteophyte at L2-3; and, post laminectomy changes from lumbar surgery "in the 1980's." X-ray showed grade II slip of L5-S1 and advanced scoliosis. At a 9-11-2015 neurosurgical consultation, the injured worker reported numbness in the right leg below the knee and she was most comfortable "leaning on something." Objective examination noted that the injured worker was unable to stand up straight, had an "arthritic" gait, poor sagittal balance and was flexed forward. Additionally, it was noted that there was no Babinski's, straight leg raising produced back pain, there was no myelopathy, no long track signs, and she had arthritic hands. A T10-S1 fusion was recommended at that visit. Documented treatment includes chiropractic treatment, psychotherapy, trigger point injections, transforaminal epidural steroid injections, use of a front end walker, and medications including Lyrica, Percocet, Tylenol No. 4, Flector patch, Cymbalta, Lidoderm patch, Celebrex and Prednisone. On 9-1-2015 the treating physician noted that the injured worker is homebound, has "chronic orthopedic issues and impaired mobility," is a "significant fall risk," and "needs assistance at home." She has a history of previous falls. The injured worker has been treated with Lyrica for at least six months, and the physician noted intention to increase Lyrica 100 mg to 4 times per day from the previous 3 per day. Specific response to medication was not provided in the note. The treating physician's plan of care includes a request for Lyrica 100 mg #90, and home care 4 hours per day for 3-4 times per week "to help perform home therapy activities and therapeutic walking to help build her strength" and due to concerns of risk of falling. On 9-14-2015, the request for Lyrica was modified to #90, and home health care visits were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Weaning of Medications.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008)The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore, guideline recommendations have not been met and the request is not medically necessary.

Unknown homecare visits 4 hours a day 3-4 days a week: 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): Home health services.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)There is no indication in the provided documentation on why this patient is home bound. The physical exam did not specify any gross or disabling findings, which would render an individual home bound on either a permanent or intermittent basis. Therefore, the request is not medically necessary.