

<b>Case Number:</b>	CM15-0053022		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on July 1, 2010. He has reported neck pain, mid back pain, lower back pain, leg pain, depression and anxiety. Diagnoses have included cervical spine strain/sprain, cervical spine radiculopathy, bilateral ulnar neuropathy, bilateral carpal tunnel syndrome, left shoulder pain, lumbar strain/sprain with radiculopathy, depression, and anxiety. Treatment to date has included medications, chiropractic treatment, pain management, right rotator cuff tear repair, transforaminal epidural steroid injection, psychiatric evaluation, imaging studies, and diagnostic testing. A progress note dated February 17, 2015 indicates a chief complaint of neck pain, numbness and tingling of the right arm and bilateral fingers, mid back pain, lower back pain, leg pain, depression and anxiety. The treating physician documented a plan of care that included medications and lumbar transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg qty: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19-20, 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 75 mg #30 is medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with radiculopathy; chronic bilateral C-5 radiculopathy, bilateral ulnar neuropathy, and bilateral carpal syndrome per EMG; left shoulder pain; status post right shoulder arthroscopic surgery with residual; lumbar spine sprain/strain with right L5 radiculopathy for EMG/NCV; depression/anxiety; and hypertension. Documentation from a July 22, 2013 progress note (the oldest progress note in the record) shows a 5/10 VAS pain scale. The documentation does not contain specific reference to Lyrica and whether or not there is both subjective and objective functional improvement. In a February 17, 2015 progress note, the VAS pain scale is 3/10 with medication and 9/10 without medication. However, the February 2015 progress note states there was functional improvement in neuropathic pain with the use of medications. He is able to perform ADLs including self hygiene. He also notes improvement with ability to walk and stand. Consequently, based on objective functional improvement with an increased ability to perform ADLs, Lyrica 75 mg #30 is medically necessary.

**Left L5-S1 transforaminal steroid injection under fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 11/21/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at left L5-S1 under fluoroscopy is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with radiculopathy; chronic bilateral C-5 radiculopathy, bilateral

ulnar neuropathy, and bilateral carpal syndrome per EMG; left shoulder pain; status post right shoulder arthroscopic surgery with residual; lumbar spine sprain/strain with right L5 radiculopathy for EMG/NCV; depression/anxiety; and hypertension. Subjectively, according to the February 17, 2015 progress note, indicates the injured worker has low back and lower extremity pain that has been constant and travels down the lower extremities to the feet. An EMG was performed on May 18, 2011. The EMG showed a right L5 radiculopathy. There was no radiculopathy on the left. Objectively, there was no objective evidence of radiculopathy with motor or sensory deficit present on the left. There was no lumbar spine MRI documented in the medical record. Consequently, absent clinical documentation with objective evidence of radiculopathy, no corroborating EMG evidence of radiculopathy on the left lower extremity, and no corroborating magnetic resonance imaging scan, epidural steroid injection left L5 - S1 under fluoroscopy is not medically necessary.