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| <b>Case Number:</b>   | CM15-0232704 |                              |            |
| <b>Date Assigned:</b> | 12/08/2015   | <b>Date of Injury:</b>       | 05/27/2006 |
| <b>Decision Date:</b> | 01/15/2016   | <b>UR Denial Date:</b>       | 11/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2015 |

### 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: Florida

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 49-year-old male, with a reported date of injury of 03-24-2008. The diagnoses include chronic pain syndrome, low back pain, pain in the thoracic spine, neck pain, post-concussion syndrome, tibialis tendinitis, and rib pain. The medical report dated 11-05-2015 indicates that the injured worker had bilateral hip pain, low back pain, bilateral hand pain, neck pain, right knee pain, and rib pain. The physical examination showed tenderness along the left border of the sternum both superiorly and inferiorly along the sternal border. It was noted that the injured worker reported being told by the specialist that he was permanent and stationary except for his lower back. The medical report dated 09-23-2015 indicates that the injured worker's chief complaint was ankle pain and knee pain. The injured worker complained of aggravation of pain around the right foot and right knee; pain around the outside of the right foot and bottom of the right foot; and tenderness and swelling around the right knee. The physical examination showed tenderness around the bottom of the right heel and around the medial aspect of the right knee. The diagnostic studies to date have included an MRI of the right wrist on 05-20-2015 which showed synovitis within the articular space. Treatments and evaluation to date have included Flector patch (since at least 04-2015), Lyrica (since at least 04-2015), and right wrist injection. The treating physician requested Lyrica 25 mg #30 with three refills for low back pain; Flector 1.3% transdermal patch #60 with three refills for low back pain; and physical therapy referral for the thoracic spine once a week for 6-12 weeks for continued treatment. On 10-30-2015, Utilization Review (UR) non-certified the request for Lyrica 25 mg #30 with three

refills; Flector 1.3% transdermal patch #60 with three refills; and physical therapy referral for the thoracic spine once a week for 6-12 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 25mg #30 with 3 refills:** 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): Pregabalin (Lyrica).

**Decision rationale:** MTUS guidelines state regarding Lyrica, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Regarding this patient's case, there is not adequate evidence of functional improvement presented to support continued use of this medication. Likewise, this request is not considered medically necessary.

**Flector 1.3% transdermal 12 hour patch #60 with 3 refills:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Flector patches is not medically necessary.

**Physical therapy referral thoracic spine 1 time a week for 6-12 weeks:** 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): Physical Medicine.

**Decision rationale:** In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting additional sessions. Exactly how many prior physical therapy sessions have taken place and what the functional improvement from those sessions was is not apparent from the medical records. Therefore, the medical necessity of additional physical therapy sessions cannot currently be established. Likewise, this request is not medically necessary.