

<b>Case Number:</b>	CM15-0120435		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 a work related injury on 3/29/08. The diagnoses have included chronic back pain, lumbar radiculopathy, lumbar herniated disc, cervical radiculopathy, status post right knee partial replacement, right shoulder pain with superior labral tear and partial rotator cuff tear, status post right shoulder surgery, left knee meniscal tear and left shoulder supraspinatus tendon tear. Treatments have included oral medications, medicated creams, lumbar epidural injections, physical therapy, home exercises and TENS unit therapy. In the Medical Progress Report dated 6/9/15, the injured worker complains of continuing neck pain with radiation down the right arm with associated numbness. She also has pain radiating down left arm. She complains of bilateral shoulder pain. She complains of right knee pain. She complains of low back pain that radiates down both legs to mid calf, worse on the right. She has associated numbness and tingling in her legs. She complains of increased spasms in both legs. She rates her pain level a 5/10. She states the Lyrica gives her neuropathic pain relief by 50%. She has mild dizziness from taking Lyrica but she tolerates it for the pain relief it provides. She has some limited range of motion in both shoulders. She has positive impingement sign in left shoulder. She has some mild tenderness to palpation of the lumbar paraspinal muscles. She has limited range of motion in lumbar spine. She has a positive straight leg raise on the right. She is not working. The treatment plan includes a refill of Lyrica, a trial of Pennsaid spray and a refill of TENS unit patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #60 (+1 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Lyrica, Pregabalin Page(s): 16-20, 58, 99.

**Decision rationale:** Per CA MTUS guidelines, "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." "Recommended for neuropathic pain (pain due to nerve damage)." "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." The response is considered "good" if antiepilepsy drug (AEDs) yields a 50% reduction in pain. A "moderate" response is defined as a 30% reduction in pain. "AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example)." She has been taking this medication for over 6 months. Even though she reports she gets about 50% relief using Lyrica, she has the side effect of dizziness with taking the medication. There has been no decrease in pain levels or documentation of changes in functional capabilities. A request for Lyrica was certified in the Utilization Review dated 5/18/15. Weaning of this medication should be considered. Since there has been no change in pain levels or no documented changes in functional capabilities, the requested treatment of Lyrica is not medically necessary.

**Pennsaid 2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary Online Version last updated 04/06/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per CA MTUS guidelines, Pennsaid is topical diclofenac solution. Diclofenac is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Topical analgesics, although recommended as an option, are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. There are no guidelines on a spray version of topical analgesics. She has failed trials of Celebrex and Gabapentin. She is currently on

Lyrica. It is noted in the documentation that the use of Voltaren gel was ineffective. Since she failed with treatment of using Voltaren gel in the past, which is diclofenac, the treatment request for Pennsaid spray is not medically necessary.

**TENS unit patches (+1 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** Per CA MTUS guidelines, transcutaneous electrotherapy (TENS) "represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used." "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." Use of TENS therapy may be appropriate for neuropathic pain and Chronic Regional Pain Syndrome II and some evidence does show some treatment for diabetic neuropathy and post-herpetic neuralgia. "Although electrotherapeutic modalities are frequently used in the management of chronic low back pain (CLBP), few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain." There is no documentation of the TENS unit being used in a trial period and how well it worked to relieve her pain. There is no documentation to reflect how often she is using the TENS unit, how well it is working to relieve her pain and if it works in conjunction with the medications she is taking. Due to the lack of documentation related to the TENS unit, the requested treatment of TENS unit patches is not medically necessary.