

Case Number:	CM15-0096810		
Date Assigned:	05/27/2015	Date of Injury:	06/08/1994
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on 6/8/1994. The current diagnoses are chronic intractable pain, failed back syndrome with chronic lumbar pain and radiculopathy, lumbar spondylosis, peripheral neuropathy, neurogenic bladder, status post intrathecal pump implantation, and chronic medication management. According to the progress report dated 5/4/2015, the injured worker complains of chronic, severe low back pain with radiation into her bilateral lower extremities, right worse than left. It also radiated up into her neck. The pain is rated 8/10 with medications and 10/10 without. The physical examination of the lumbar spine reveals tenderness to palpation over the L5-S1 region, restricted range of motion, decreased strength in the bilateral lower extremities, hyperalgesia and allodynia in the right lower extremity extending to the foot, and positive straight leg raise test bilaterally. In addition to the intrathecal pump, she is utilizing Opana ER and Fentanyl patch for pain. Treatment to date has included medication management, moist heat, stretches, home exercise program, electrodiagnostic testing, intrathecal pump, and surgical intervention. The plan of care includes prescription for Lyrica and Tegaderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Lyrica: Pregabalin Page(s): 16-20.

Decision rationale: The patient presents on 05/04/15 with lower back pain which radiates into the bilateral lower extremities (worse on the right), and pain which radiates up into her neck from the lower back. The pain is rated 8/10 with medications, 10/10 without. The patient's date of injury is 06/08/94. Patient is status post intrathecal pump placement at L2-L3 level on 04/01/15. The request is for LYRICA 75MG #90 W/ 2 REFILLS. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals a well healed lumbar incision, tenderness to palpation of the lumbosacral region, and positive straight leg raise on the right which is increased with dorsiflexion. The provider also notes decreased strength in the bilateral lower extremities, with hyperalgesia and allodynia in the right lower extremity extending into the foot. The patient is currently prescribed Duragesic patches, Opana, Lyrica, Flector patches, Vilazodone, Trazodone, Clonazepam, Ambien, Budeprion, Nexium, Zofran, Miralax, Vimova, Potassium chloride, Bisacodyl, Januvia, Levothyroxine, Furosemide, Lisinopril, Humalin insulin, Atenolol, Glucophage tabs, and Imiprine. Diagnostic imaging Progress note dated 05/07/15 mentions EMG/NCS study dated 02/05/15 as showing: "abnormalities in both lower extremities consistent with polyneuropathy. " Patient is currently classified as temporarily totally disabled. MTUS guidelines, page 16 states the following 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. 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 regard to the continuation of Lyrica, the request is appropriate. Progress note dated 05/04/15 contains a formal diagnosis of unspecified idiopathic hereditary peripheral neuropathy, and this patient is also an insulin dependent diabetic. MTUS guidelines recommend Lyrica for diabetic neuropathy. Though this patient's diagnosis specifies a hereditary peripheral neuropathy, as an insulin dependent diabetic this patient's condition could reasonably possess a diabetic neuropathy component. In addition, this patient is currently under the care of a psychiatrist for severe anxiety, for which Lyrica could produce benefits. Therefore, the request IS medically necessary.

Tegaderm HP #20 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 490-491.

Decision rationale: The patient presents on 05/04/15 with lower back pain which radiates into the bilateral lower extremities (worse on the right), and pain which radiates up into her neck from the lower back. The pain is rated 8/10 with medications, 10/10 without. The patient's date of injury is 06/08/94. Patient is status post intrathecal pump placement at L2-L3 level on 04/01/15. The request is for TEGADERM HP #20 W/ 2 REFILLS. The RFA is dated 05/07/15. Physical examination dated 05/07/15 reveals a well healed lumbar incision, tenderness to palpation of the lumbosacral region, and positive straight leg raise on the right which is

increased with dorsiflexion. The provider also notes decreased strength in the bilateral lower extremities, with hyperalgesia and allodynia in the right lower extremity extending into the foot. The patient is currently prescribed Duragesic patches, Opana, Lyrica, Flector patches, Vilazodone, Trazodone, Clonazepam, Ambien, Budeprion, Nexium, Zofran, Miralax, Vimova, Potassium chloride, Bisacodyl, Januvia, Levothyroxine, Furosemide, Lisinopril, Humalin insulin, Atenolol, Glucophage tabs, and Imiprine. Diagnostic imaging Progress note dated 05/07/15 mentions EMG/NCS study dated 02/05/15 as showing: "abnormalities in both lower extremities consistent with polyneuropathy. " Patient is currently classified as temporarily totally disabled. There are no medical guidelines that support this product. ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients. "In regard to the request for Tegaderm patches, the physician has not provided a reason for the request. However, this patient presents with an intrathecal opiate pump for which Tegaderm patches could be useful in securing the associated tubing, etc. In addition, this patient is currently prescribed transdermal medications, for which Tegaderm could be equally as useful for maintaining the integrity of the patches. Therefore, the request IS medically necessary.