MAXIMUS Federal Services

Case Number:	CM13-0042384		
Date Assigned:	01/15/2014	Date of Injury:	10/01/2009
Decision Date:	03/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitaition, has a subspecialty in Interventional Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male who was injured on 10/1/09. He has been diagnosed with history of L4/5 lumbar disc herniation; persistent right sciatic neuralgia; chronic lumbar radiculopathy and acute lumbar strain. According to the 9/16/13 report Gralise 300mg was initiated and was planned to titrate up to 600mg daily. He prescribed Gralise 300mg #60 with 3 refills. On 9/27/13, Utilization Review modified the request to allow the #60, but only with one refill after discussion it on peer-to-peer with the physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Gralise 300mg (3refills): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The Utilization Revew letter modified the request for Gralise with 3-refills (4-months) to allow 2-months, based on the requesting physician's request. The patient presents with low back pain and right leg sciatica or radiculopathy. The physician requested a trial of

gabapentin, 300mg/day and anticipates titrating it up to 600mg/day. This appears to be in accordance with MTUS guidelines. There is no evidence-based guideline to deny the request, but this is likely a moot point, as the treating physician should be allowed to reduce the duration or dosage of medications. MTUS page 11 states: "The physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient" UR stated the requesting physician was contacted by telephone and noted excellent results with Gralise and suspected it would be needed only for short-term, then weaning. The UR letter states the requesting physician recommended modification of the request to 2-months. The request for Gralise is in accordance with MTUS guidelines, and the physician's request to reduce the duration from 4-months to 2-months is also in accordance with MTUS guidelines. I have been provided only two check-box decisions, either "not medically necessary" or "reversing the prior UR decision" Neither fit in this case. I agree with the prior UR letter which was in agreement with what the treating physician recommended.