

Case Number:	CM13-0063742		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2007
Decision Date:	05/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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:

The patient is 40 years old with a work injury dated 1/30/07. The diagnoses include bilateral knee pain and foot pain with exacerbation of pain and swelling in the left knee, sprain/strain injury of both knees with underlying chondromalacia patella and infrapatellar tendinopathy, bilateral foot pain with chronic plantar fasciitis, bilateral tarsal tunnel releases with ongoing foot symptomatology, (He underwent bilateral tarsal tunnel releases in both feet, initially on the right on 8/2/08 and of the left foot on 2/18/09), chronic insomnia and neuropathic burning pain in the lower extremities and fatigue symptoms, neuropathic pain in lower extremities, chronic back pain with lumbar sprain/strain with underlying degenerative joint disease, depression and anxiety disorder. There is a request for the medical necessity of Gralise. There is a 10/28/13 treating physician document which states that the patient still complains of constant pain in both knees and ankles. He uses a cane for ambulation. His meds are helpful and include Nucynta ER, Norco Gralise, and Cymbalta. He feels his meds give him 50% functional improvement. He reports a VAS pain score of both knees an 8/10, both ankles an 8/10. He states he cannot walk over uneven ground, climb stairs or ladders. He has not returned to work. He is participating in water therapy. On his physical exam the patient was able to actively flex his knees 120 degrees, while extension was 0 degrees. Stability tests revealed some varus and valgus laxity bilaterally. McMurray's sign was negative; however, patellar compression was very painful bilaterally. There was obvious swelling of the bilateral knees to palpation and apprehension signs were negative. His bilateral feet revealed exquisite tenderness over the plantar fascia, particularly over the tarsal tunnel. He exhibited difficulty ambulating on his toes and heels and deep tendon reflexes were 1 +. Low back examination revealed limited range of motion in flexion and extension, while motor strength, sensation and deep tendon reflexes were

mostly intact to lower extremities. There was no sign of allodynia to light touch or pinprick in the lower extremities and skin temperature was equal bilaterally. A 3/25/13 treating physician document states that the patient states he discontinued the Gralise tablets given to him for neuropathic pain because he did not find them helpful, He states he continues to suffer from constant burning type pain in his lower extremities, it never seems to go away. There is an 11/25/13 document from the patient's treating physician that states that the patient is now using Lyrica 75 mg at night for burning pain because the Gralise was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 GRALISE 600MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 (Final Version) Page 1 definition of functional improvement.

Decision rationale: 90 Gralise 600 mg is not medically necessary per the MTUS guidelines. The MTUS states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The documentation indicates that the patient continues to have pain levels of 8/10 on VAS scoring despite being on Gralise. Additionally, there has been no significant functional improvement such as returning to work. There is a 3/25/13 treating physician document states that the patient states he discontinued the Gralise tablets given to him for neuropathic pain because he did not find them helpful. The request for 90 Gralise 600mg is not medically necessary.