

<b>Case Number:</b>	CM14-0138555		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 61 year old male with complaints of right foot pain and right knee pain, low back pain. The date of injury is 8/14/10 and the mechanism of injury is pushing tension injury (pushing a buffer on the floor) which led to his current symptoms. At the time of request for the following 1. Gralise 300mg #30 2. Norco 5/325#20 and 3. Prilosec 20mg #30, there is subjective (knee pain, foot pain, low back pain) and objective (antalgic gait right lower extremity with/without the cane, bilateral knee swelling, tenderness to palpation over the right cuneiform, generalized ankle edema) findings, imaging findings (Knee films shows patellofemoral joint subchondral sclerosis of the patella), diagnoses (Bilateral knee osteoarthritis, right knee medial meniscus tear, first metatarsal base fracture, diabetic right foot charcot joint arthropathy, lumbar spondylosis), and treatment to date (medications, home exercise). AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. PPIs are recommended for patients at risk for gastrointestinal events. There needs to be documentation of adverse GI symptoms as result of the injury or treatment related to the injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. However, the documentation does not support the indication for Gralise which is a sustained release formulation of gabapentin with once a day dosing. Therefore, the request for Gralise is not medically indicated.

**Norco 5/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support significant analgesic improvement, it is my opinion that the request for Norco 5/325 #120 is medically necessary.

**Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Proton Pump Inhibitors (PPIs)

**Decision rationale:** Per ODG Decision treatments, PPIs are recommended for patients at risk for gastrointestinal events. There needs to be documentation of adverse GI symptoms as result of

the injury or treatment related to the injury. As there is no such documentation, the request for Prilosec 20mg #30 is not medically necessary.