

Case Number:	CM14-0151651		
Date Assigned:	09/19/2014	Date of Injury:	03/10/2014
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation 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 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 underlying date of injury in this case is 03/10/2014. The date of the initial utilization review under appeal is 09/09/2014. The treating diagnoses include a history of a right distal biceps tendon tear as well as possible right biceps tendinitis, right wrist extensor tendinitis with a possible triangular fibrocartilage tear, and neuropathic pain. On 07/24/2014, the treating physician saw the patient in follow-up. The patient reported partial relief with Gralise and noted ongoing residual right anterior shoulder, arm, and elbow pain. The plan included continuing release as well as an MRI to rule out a triangular fibrocartilage tear given pain in the wrist. An initial physician review recommended non-certification of Gralise due to the lack of functional benefit documented to support its use. That review additionally noted that there was no documented risk of gastrointestinal disturbance to support a need for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Gralise 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18.

Decision rationale: This medication is a long-acting form gabapentin. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiepileptic medications, page 18, recommend gabapentin as a first-line treatment for neuropathic pain. This same guideline also recommends that after initiation of treatment there should be documentation of pain relief and improved function. The treating physician reports that there was no documentation of benefit from Gralise; however, the follow-up office note does clearly outline benefit from Gralise and titration of the patient's medications overall based on the patient's response to treatment. Therefore, the medication, Gralise, is supported by the treatment guidelines. This request is medically necessary.

90 tablets of Duexis 800/26.6mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Events Page(s): 68.

Decision rationale: This medication is a combination of an anti-inflammatory medication as well as a gastroprotective agent. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal events, state that the clinician should determine if the patient is at risk for gastrointestinal events. The records do not clearly provide a rationale or indication as to why this patient is at risk for gastrointestinal events. Therefore, overall this request is not supported by the guidelines. The request for Duexis is not medically necessary.