

Case Number:	CM14-0035168		
Date Assigned:	06/23/2014	Date of Injury:	04/23/1999
Decision Date:	07/24/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 injured worker is a 51-year-old male injured on April 23, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back and right knee pains. The pain was rated as 8/10 on the visual analog scale. The physical examination demonstrated well-healed surgical scars, a decrease in lumbar spine range of motion, paravertebral muscle spasm and a spinal cord stimulator in place. Muscle strength was 5/5. Diagnostic imaging studies objectified previous lumbar surgery and degenerative changes in the lumbar spine. Previous treatment included lumbar laminectomy, partial knee replacement arthroplasty, multiple medications and physical therapy. A request had been made for the medication Gralise and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-18 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the multiple surgical interventions, the determination of a failed lumbar laminectomy (post laminectomy syndrome) and that there was a concern of a neurological compromise as an electrodiagnostic assessment has been requested, and noting that the long term complaints of numbness and tingling into the lower extremity have not ameliorated or have been approved with the previous use of this medication, there was no noted efficacy. This medication is an anti-epileptic drug and has an off label use for such indications. The key factor is lack of any significant improvement with the passage of this drug. As such, this is not medically necessary.