

Case Number:	CM14-0037097		
Date Assigned:	06/25/2014	Date of Injury:	12/05/2012
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 38 year old male, who reported an injury on 12/05/2012, from an unknown mechanism of injury. The injured worker had a history of low back and leg pain. Upon examination on 03/04/2014, the injured worker reported his pain to be in the same location only worse. The pain is exacerbated by activity and improved by rest and changing positions. The injured worker stated that the epidural steroid injection on 10/2013 was effective with 85% relief for several months. The lumbar spine/sacroilia joints exhibited decreased lordosis without asymmetry. The seated straight leg raise test was positive on the left and negative on the right. The facet loading test was negative bilaterally. The injured worker has diagnoses of gout, right knee arthroscopy 1993, and right shoulder arthroscopy 2013 lumbar radiculopathy, lumbar disc bulge, lumbar foraminal stenosis, and myofascial pain. The diagnostic studies were x-ray of the lumbar spine on 08/13/2013, mild to moderate L5-S1 degenerative disc disease, slight retrolisthesis of the L5 on S1 was seen which appeared unchanged in the neutral, flexion and extension positions. There was moderate multilevel facet arthropathy. The MRI of the lumbar spine without contrast on 07/08/2013 revealed at L5-S1, there was annular bulging an posteriors spondylitic ridging, slightly greater in the left side, no disc extrusion or central canal stenosis, was bilateral foraminal narrowing, worse on the left side. The conus medullaris and cauda equina were unremarkable. There was no surgeries or procedures listed within the documentation. The previous treatments included physical therapy, medications, and home exercise program without significant improvement. Medication included ibuprofen. Diagnoses include lumbar radiculopathy, lumbar disc bulge, lumbar foraminal stenosis and myofascial pain. The treatment plan is for Gralise titration pack. The request for authorization form was dated 03/06/2014. The rationale for the request was to address his neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise titration pack: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Gabapentin (Neurontin) Page(s): 94.

Decision rationale: The request for Gralise titration pack is non-certified. The injured worker has a past history of low back and leg pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no clinical documentation as to the injured worker having neuropathy and/or postherpetic neuralgia. This would include, but not limited to, gradual onset of numbness and tingling in your feet or hands, which may spread upward into your legs and arms, burning pain, sharp, jabbing or electric-like pain, extreme sensitivity to touch, even light touch, and muscle weakness. As such, the request for Gralise titration pack is not medically necessary.