MAXIMUS Federal Services

Case Number:	CM14-0073928		
Date Assigned:	09/18/2014	Date of Injury:	06/02/2005
Decision Date:	10/20/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 injured worker is a 61-year-old male who sustained an industrial injury on 6/2/2005. He was carrying a power saw and fell down a few stairs. The AME diagnosed strain of cervical and lumbar region, and right elbow. Treatment has included courses of acupuncture and medications. A prior peer review dated 4/29/2014, non-certified the request for Acupuncture 2x2 for low back and Gralise 300-600 daily. The requests are not medically necessary. The 8/22/2014 PTP PR-2 indicates the patient complains of neck pain, low back pain down the right lower extremity, right elbow pain. Quality is numbing, dull and throbbing. Pain is rated 4-6/10. He has been having problems getting medications at the pharmacy, and has had to use samples from the provider's office to maintain the current regimen. Current medications are Lyrica 75mg #60 and Naprosyn 600 mg. He is not working. Physical examination reports spasms of the cervical paraspinal muscles, near full ROM, tenderness in the lower lumbar spinous processes, decreased ROM with stiffness, decreased sensation to touch in the right shin, calf, and ankle, this has improved with Lyrica, and no significant tenderness in the right elbow when he takes Naprosyn. Diagnoses are degenerative lumbar disc - stable, cervical sprain/strain - stable, chronic pain syndrome - stable, lumbar radiculitis chronic-stable. Plan is to prescribe and increase Lyrica and continue Naprosyn. He is P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300 mg - 600 mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the California MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. The guidelines document that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There are no documented specific subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. In accordance with the guidelines, the medical necessity of Gralise has not been established. Therefore, the request for Gralise 300 mg - 600 mg daily is not medically necessary and appropriate.