

Case Number:	CM14-0081310		
Date Assigned:	07/18/2014	Date of Injury:	04/29/2004
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management 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:

This is a 63-year-old male with a date of injury of 4/29/04. The mechanism of injury was due to lifting and twisting. He suffered injury to his neck and upper extremities. It was noted that the directions for use on the Gralise 600mg #60 is for 2 tablets orally with the evening meal, and Norco 5/325mg #105, with directions to take 1 tablet every 6-8 hours as needed for pain. A report on 4/7/14, noted he has had a detox program and a 10-day course of functional restoration program about 2 years ago. The patient has continued to have chronic pain. It was also noted in this report that the patient failed trials of Neurontin and Lyrica due to unknown side effects. The provider therefore, wants to switch to Gralise. On 5/14/14, he complained of headache, neck, back, shoulders, arms, legs and feet pain. The pain is throbbing, cramping, burning with 8/10 on the pain scale. On exam there was pain in the cervical spine with restricted range of motion due to stiffness and tenderness in the bilateral trapezius muscles and shoulders. There was also numbness in the forearms and hands. The diagnostic impression is chronic pain syndrome, cervical and lumbar degenerative disc disease, s/p right and left shoulder surgery, history of narcotic dependency. Treatment to date: surgery, physical therapy, chiropractic therapy acupuncture treatments and medication management. A UR decision dated 5/21/14 denied the requests for Norco 5/325mg #105 and Gralise 600mg #60. The Norco was denied because the response to prior use of Norco including subjective and functional improvement is not available. There is no documentation of VAS scores or improvement in ADLs. The medication needs to be weaned off to avoid untoward effects. The Gralise was denied because the patient has failed trials of Neurontin and Lyrica for neuropathic pain. The rationale for switching to Gralise (Gabapentin) is not clear. The provider indicated in the note that the patient did not tolerate gabapentin and hence was unable to use it. However, Gralise is Gabapentin; therefore, the necessity of this medication is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of the lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. In addition, there was no urine drug screens (UDS) noted in the notes provided. Also, on 4/7/14, it was noted that the patient has been in a detox program about 2 years ago and still suffers from chronic pain. Therefore, the request for Norco 5/325mg 1 po every 6-8 hours #105 was not medically necessary.

Gralise 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA Neurontin.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, it was noted on 4/7/14 that the patient failed trials of Neurontin (gabapentin) and Lyrica due to unknown reasons, and the provider wants to switch the patient to Gralise (gabapentin). Although guidelines do support the use of Neurontin for neuropathic pain, it is unclear why the patient failed the trials of Neurontin and Lyrica. Gralise is also gabapentin, and without a rationale for switching Neurontin to Gralise, the request cannot be supported. Therefore, the request for Gralise 600mg with evening meals #60 was not medically necessary.