

Case Number:	CM14-0167458		
Date Assigned:	10/14/2014	Date of Injury:	05/29/2003
Decision Date:	01/13/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 63-year-old male with a 5/29/03 date of injury, and L5-6 laminectomy and fusion on 2/5/14. At the time (9/11/14) of request for authorization for Gralise 600mg and Lidoderm patches, there is documentation of subjective (low back pain) and objective (tenderness over the lumbar paraspinal muscles, decreased lumbar spine range of motion, and 4/5 strength in both lower extremities) findings, current diagnoses (lumbar spine pain), and treatment to date (medications (including ongoing treatment with Gralise and Lidoderm patch)). Medical report identifies that medications enable the patient to walk about 800 feet, do grocery shopping, and self drive to doctor's appointments. Regarding 1 month supply of Gralise 600mg, 3 tablets QHS; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Gralise use to date. Regarding 1 month supply of Lidoderm patches, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; and of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Lidoderm patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Gralise 600mg, 3 tablets QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Gabapentin (Neurontin), page(s) 18-19 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Gralise. However, despite documentation that medications enable the patient to walk about 800 feet, do grocery shopping, and self drive to doctor's appointments, and given documentation of ongoing treatment with Gralise, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Gralise use to date. Therefore, based on guidelines and a review of the evidence, the request for Gralise 600mg is not medically necessary.

1 month supply of Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine pain. In addition there is documentation of neuropathic pain and ongoing treatment with Lidoderm patch. However, given documentation of ongoing treatment with Gralise, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. In addition, despite documentation that medications enable the patient to walk about 800 feet, do grocery shopping, and self drive to doctor's appointments and given

documentation of ongoing treatment with Lidoderm patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches is not medically necessary.