

Case Number:	CM14-0182169		
Date Assigned:	11/07/2014	Date of Injury:	04/01/2009
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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 patient is a male presenting with a work-related injury on April 1, 2009. The patient was diagnosed with non-displaced fractures involving the right second, third, fourth, fifth, and sixth ribs along the anterior lateral margin, with persistent pain; mild post-concussion syndrome, minor head injury, posttraumatic stress disorder and mild amnesia, including but delayed response to an independent concentration; cervical strain and chronic pain, minimal; myofascial tensions in the thoracic region, mild; migraine headache; dysfunction due to pain, mildly improved control; gastrointestinal symptoms related to analgesic medications previously prescribed for industrial injury, control with proton pump inhibitor medications; deconditioning due to prolonged pain, resolving with increased exercises and pain management, with all; depression related to chronic pain and head injury, stable and in partial remission; shamanic stress disorder stable, but not in remission, with gradual resulting anxiety; erectile dysfunction due to chronic pain, not accepted industrial injury; pain radiating from cervical and thoracic radicular sources due to multiple people injury; and lumbosacral spine magnetic resonance imaging, on April 22, 2011 evidence of two-level degenerative changes. On average the pain was rated 6-7/10. The physical exam was significant for tenderness about patient on the right side in the region of the occipital nerve; posterior lateral bending caused pain in the cervical facet; the upper thoracic region showed 30 degrees of kyphosis; cervical check aggravated pain complained; five fascial tensions remain to the T10 area bilaterally; tenderness in the mid thoracic spine around T8, thoracic spine tenderness to palpation was mild at the posterior thoracic spine from T-3 T10 and in the paravertebral muscles with extension to the right flank, tenderness to palpation with taut bands was found myofascial trigger points with twitch response in the thoracic paravertebral causing radiating pain to scapula; abdominal examination revealed minimal tenderness to palpation on the left upper quadrant and mid epigastrium; resisted upper

extremity manual muscle testing aggravated rib case tenderness and pain complained; mobility was limited by pain, range of motion increases thoracic and lumbar spine pain. A claim was made for Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg 1qhs #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/022544s0061bl.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs, Page(s): 17-19.

Decision rationale: The CA MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on his most recent office visit; therefore, the request for Gralise 300mg 1qhs # 30 is not medically necessary.