

Case Number:	CM15-0108474		
Date Assigned:	06/15/2015	Date of Injury:	05/16/2012
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male, who sustained an industrial injury on 5/16/2012. The current diagnoses are post lumbar laminectomy syndrome, lumbar or thoracic radiculopathy, and opioid type dependence. According to the progress report dated 5/19/2015, the injured worker complains of low back and left leg pain. The pain is described as pressure, tingling, pulsating, aching, throbbing, radiating, tender, stinging, and sharp. It is associated with mild weakness, tingling, pins and needles, and muscle spasms. The pain is rated 3-7/10 on a subjective pain scale. The physical examination of the lumbar spine reveals significant tenderness to palpation over the bilateral paravertebral muscles, significant decreased range of motion, antalgic gait, inability to sit, and diminished sensation to light touch over the bilateral L5-S1 distribution, left side significantly worse than right. The current medications are Oxycodone, OxyContin, Valium, and Gabapentin. Treatment to date has included medication management, x-rays, cold/heat application, physical therapy, aqua therapy, epidural steroid injections, cognitive behavioral therapy, and surgical intervention. The plan of care includes prescriptions for Valium, Gralise, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Valium 10mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. It is unclear how long the injured worker has been prescribed valium. There is no documentation of significant decrease in pain or objective functional improvement while using the medication. The request for 60 tablets of valium 10mg with 1 refill is not medically necessary.

90 tablets of Gralise 600mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. Per available documentation, the injured worker has not been diagnosed with neuropathic pain. Additionally, there is no documentation of a decrease in pain or objective functional improvement with the use of the medication. The request for 90 tablets of Gralise 600mg with 1 refill is not medically necessary.