

Case Number:	CM15-0139168		
Date Assigned:	07/29/2015	Date of Injury:	01/19/2009
Decision Date:	09/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York

Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on January 19, 2009. He reported persistent pain in the right side of the neck, shoulder blade, leg and hip. The injured worker was diagnosed as having chronic wrist pain, a history of distal radius, ulnar styloid fractures and mild widening of scapholunate space, status post right carpal tunnel release surgery on August 18, 2009, chronic right groin and hip pain, history of acetabulum fracture, low back pain, upper back pain, status post negative response to sacroiliac injection, right sided neck and parascapular pain without radiation and depression and anxiety secondary to chronic pain. Treatment to date has included diagnostic studies, radiographic imaging, electrodiagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker continued to report persistent pain in the right side of the neck, shoulder blade, leg and hip and headaches, depression, anxiety and sleep disruptions. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain as noted. He reported increasing headaches. Magnetic resonance imaging (MRI) of the right hip on October 22, 2010, revealed degeneration of the anterior superior labrum without tear. Electrodiagnostic studies of the right leg on January 17, 2013, revealed normal results. Computed tomography of the pelvis on March 5, 2013, revealed no evidence of fracture or tear. Lumbar spine MRI on February 14, 2014, revealed multiple ventral spondylosis with no evidence of disk protrusion and moderate lumbar 4-5 facet degeneration. Trazadone was continued for sleep. Evaluation on March 13, 2015, revealed continued pain as noted. He reported low back pain radiated into the right and left lower extremity with associated numbness and tingling. Gabapentin was started. He rated his pain at 7 on a 1-10 scale with 10 being the

worst. It was noted urinary drug screen from December 15, 2014, was consistent with expectations. Evaluation on April 10, 2015, revealed continued pain as noted. He reported he could not tolerate the Gabapentin secondary to nausea and drowsiness. He noted he had tried Gralise in the past and did not experience negative side effects however he discontinued it secondary to increased leg pain. Evaluation on June 3, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. He reported a 50% improvement with Gralise however the pain rating remained unchanged from previous visits. Gralise 600mg, #90 with 2 refills, prescribed 06/03/2015 and a retrospective request for Trazodone 50mg, #60 dispensed 06/03/2015 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 50mg, #60 dispensed 06/03/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (Online Version) Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter--Trazodone (Desyrel).

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Tolerance may develop and rebound insomnia has been found after discontinuation. In this case of injured worker no description of insomnia is available within the submitted medical records. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Medical necessity of the requested medication has not been established. The Requested Treatment: Retrospective request for Trazodone 50mg is not medically necessary.

Gralise 600mg, #90 with 2 refills, prescribed 06/03/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (Online Version) Gralise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-epilepsy drugs (AEDs) for pain and Other Medical Treatment Guidelines <http://www.gralise.com/>.

Decision rationale: According to the CA MTUS (2009) and ODG, Gabapentin is an anti-epilepsy drug, which 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. Gralise is long acting once daily Gabapentin. The records indicate that this injured worker has neuropathic pain. He was unable to tolerate Neurontin. Records indicate that the injured worker had improvement with Gralise without adverse effects. The Requested Treatment: Gralise 600mg is medically necessary.