

Case Number:	CM15-0210585		
Date Assigned:	10/29/2015	Date of Injury:	01/01/1982
Decision Date:	12/14/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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 62 year old female, who sustained an industrial injury on 1-1-1982. The injured worker was being treated for other intervertebral disc degeneration-lumbar region, muscle spasm of back, other muscle spasm, and chronic low back pain with history of fusion surgery times 3. The injured worker (6-24-2015) reported ongoing left greater than right lower back pain, which has decreased since the last visit. The injured worker reported depression and sleep disturbance. The injured worker reported poor sleep quality. She rated her pain as 7 out of 10 with medications and 10 out of 10 without medications. The injured worker (6-24-2015 and 10-14-2015) reported ongoing left greater than right lower back pain, which has decreased since the last visit. The injured worker reported depression and sleep disturbance. She rated her pain as 5 out of 10 with medications and 10 out of 10 without medications. The physical exam (10-14-2015) revealed the injured worker was fatigued, in moderate pain, and tearful. The treating physician noted the injured worker was alert and oriented times four without evidence of somnolence. The treating physician noted restricted lumbar flexion to 20 degrees and extension to 5 degrees by pain, tenderness to palpation of the bilateral paravertebral muscles, and positive bilateral facet loading. The electrodiagnostic studies (8-26-2015) indicated post-surgical changes of the lumbar paraspinals, old and stable lumbar 5 radiculopathy, and probable old, stable right peroneal damage by right total knee replacement, despite no change on electromyography. Treatment has included lumbar facet joint injections, a caudal epidural steroid injection, and medications including oral pain, topical pain, muscle relaxant, anti-epilepsy (Gralise since at least -2015), and antidepressant (Trazodone since at least -2015). Per the treating physician (10-

14-2015 report), the injured worker is permanent and stationary and is not currently working. The requested treatments included Trazodone and Gralise. On 10-21-2015, the original utilization review modified requests for Trazodone and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. This medication is not recommended by the guidelines. Additionally, there is no dosage or quantity information included with this request. The request for Soma is determined to not be medically necessary.

Trazodone with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter,/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address the use of trazodone. The ODG reports that trazodone is a sedating antidepressant and one of the most commonly prescribed agents for insomnia. Improvements in sleep onset with use of trazodone may be offset by negative next day effects such as ease of awakening. Tolerance to trazodone may develop and rebound insomnia has been found after discontinuation. In this case, the injured worker is noted to have sleep disturbances and depressions and Trazodone is documented to provide significant benefit. This request for 5 refills is not supported, however. The injured worker should be closely monitored for continued efficacy and adverse effects. The request for Trazodone with 5 refills is determined to not be medically necessary.

Gralise, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Gralise (gabapentin enacarbil ER) Section.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at post-herpetic 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 antiepilepsy 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. Per the ODG, Gralise is not recommended. Gralise is not recommended as a first-line agent. There is no evidence to support use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. In this case, it is unclear if the injured worker has attempted and failed with gabapentin regular release. Additionally, refills are not supported as the injured worker should be followed closely for efficacy and side effects of medication. Furthermore, there is no dosage or quantity information included with this request. The request for Gralise, 1 refill is determined to not be medically necessary.