

<b>Case Number:</b>	CM15-0033947		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	04/30/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 (IW) is a 57 year old male who sustained an industrial injury on 04/30/2005. He has reported chronic lower back pain. Diagnoses include chronic left L5 radiculopathy (confirmed by electromyogram) and spinal/lumbar degenerative disc disease. Treatments to date include medications for pain and muscle spasm. A progress note from the treating provider dated 01/06/2015 indicates that the cervical spine had tenderness to palpation of the cervical paravertebrals bilaterally, lumbar range of motion was restricted with pain, spasms and tenderness in the bilateral lumbar paravertebrals. Lumbar facet loading was positive bilaterally. Straight leg raise was positive on the left. There was radiculopathy to the bilateral lower extremities worse on the left than the right. Tenderness is noted over the sacroiliac spine. In the primary treating physician's report of 01/06/2015, the plans for treatment include medications with change of pain medication, medications for neuropathic pain (Gralise ER 600 mg), and medications for mood (Pristiq 50 mg) and a request for a discogram and a L4-S1 disc replacement. On 01/25/2015 Utilization Review non-certified a request for Gralise ER 600mg #60. The MTUS Guidelines were cited. On 01/25/2015 Utilization Review non-certified a request for Pristiq 50mg #30. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise ER 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2012. The medical course has included use of several medications including narcotics and gabapentin. Per the guidelines, 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records.

**Pristiq 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16.

**Decision rationale:** Pristiq is a selective serotonin and norepinephrine reuptake inhibitor. SNRIs are used to treat for anxiety, depression, panic disorder and social phobias and used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, the records indicate it is being prescribed for mood. There is no documentation of a discussion of efficacy or side effects to warrant ongoing use. The records do not support medical necessity for pristiq.