

Case Number:	CM15-0052429		
Date Assigned:	03/25/2015	Date of Injury:	07/07/2009
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

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 59 year old male who sustained an industrial injury on 7/7/09. He currently complains of persistent, neck pain, elbow pain with movement, numbness and tingling in the upper extremity. Medications are Norco, Lidoderm patches, Gralise, Lunesta. Diagnoses include long-term medication use; cervicgia; myofascial pain syndrome; cervical radiculopathy. Treatments to date include medications; median branch block, bilateral C5, C6, C7 (1/8/15). Diagnostics include cervical MRI (4/25/11) with abnormalities. In the progress note dated 1/14/15, the treating providers plan of care included Gralise as has been effective in the past and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 7/7/09. The medical records provided indicate the diagnosis of long-term medication use; cervicgia; myofascial pain syndrome; cervical radiculopathy. Treatments to date include medications; median branch block, bilateral C5, C6, C7 (1/8/15). The medical records provided for review do not indicate a medical necessity for: Gralise 600mg #90. Gralise (Gabapentin formulation) is an antiepileptic medication also used in the treatment of neuropathic pain. The record indicate he tolerated Grasilis and it provided 25% pain relief, but when he was switched to unbranded Gabapentin he experienced Gastrointestinal side effects. The Gabapentin was then replaced with the Grasilis formulation but this is being disputed. The MTUS does not recommend the continued use of the antiepileptic medications except there is a documented evidence of 30% or more benefit. The request is not medically necessary.

Flector Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), topical diclofenac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector® patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 7/7/09. The medical records provided indicate the diagnosis of long-term medication use; cervicgia; myofascial pain syndrome; cervical radiculopathy. Treatments to date include medications; median branch block, bilateral C5, C6, C7 (1/8/15). The medical records provided for review do not indicate a medical necessity for Flector Patch #60. Flector Patch is a topical analgesic, which like other topical analgesics are considered as experimental drugs primarily used in the treatment of neuropathic pain that has failed treatment with the first line antidepressants and antiepileptics. Specifically for Diclofenac containing topical analgesics like Voltaren Gel, they are indicated for treatment of osteoarthritis of the ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The MTUS makes no mention of Flector patch (another Diclofenac containing topical analgesic); however, the Official Disability Guidelines recommends it as a second line treatment of Flector patch is FDA indicated for acute strains, sprains, and contusions, but warned of the potential side effects. The requested treatment is not recommended because the injury involves the spine, and is far from being acute sprain or contusion. The request is not medically necessary.