

Case Number:	CM14-0120678		
Date Assigned:	09/16/2014	Date of Injury:	09/25/2006
Decision Date:	10/28/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who sustained an injury on 09/25/06 while lifting heavy pieces of drywall and developed an immediate onset of low back pain. The injured worker has been followed for ongoing complaints of low back pain radiating to the lower extremities more severe to the right than left. The injured worker was noted to have had a history of GERD as well as constipation. The injured worker was being followed for a history of psychiatric complaints secondary to the injury in question. Other treatment has included chiropractic therapy, physical therapy, and surgery for the right shoulder. The injured worker's medication history has included Gralise, Voltaren, Protonix, Lidoderm patches, Effexor, and Lunesta. As of 07/08/14 the injured worker continued to report low back pain radiating to the lower extremities. The injured worker did report at least 50 percent relief with the use of Gralise. Additional relief was obtained with Voltaren and Lidoderm patches. The injured worker's physical exam noted recent visible weight loss, no sedation was evidence, no other specific findings other than vitals were noted. The injured worker's medications were denied on 07/22/14.

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.

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

Decision rationale: In review of the clinical documentation provided, the requested Gralise 600mg quantity 90, would not be supported as medically necessary per current evidence based guideline recommendations. Gralise is a first line recommended medication for the treatment of certain neuropathic conditions and is commonly used to treat radiculopathic symptoms due to nerve root compression from spinal pathology. In this case the injured worker continues to report ongoing radicular pain that is effectively controlled with this medication; however, the most recent documentation provided does not establish any objective findings consistent with lumbar radiculopathy that would support the ongoing use of this neuropathic medication. As such, this medication is not medically necessary.

Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

Decision rationale: In review of the clinical documentation provided, the requested Voltaren 75mg quantity 60 would not be supported as medically necessary per current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain.

Lidoderm Patches 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 54.

Decision rationale: In review of the clinical documentation provided, the requested Lidoderm patches 5 percent quantity 90, would not be supported as medically necessary per current evidence based guideline recommendations. Lidoderm patches can be used as an option in the treatment of certain neuropathic conditions that have failed first line medications such as anticonvulsants and antidepressants. In this case, Lidoderm is duplicative as the injured worker was also being prescribed Gralise. Furthermore, the injured worker continues to report ongoing radicular pain that is effectively controlled with this medication; however, the most recent

documentation provided does not establish any objective findings consistent with lumbar radiculopathy that would support the ongoing use of this neuropathic medication. As such, this medication is not medically necessary.