

Case Number:	CM14-0126922		
Date Assigned:	08/13/2014	Date of Injury:	04/29/2004
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation, Pain 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 reported an injury on 04/29/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic pain syndrome, neck sprain/strain, cervical disc degeneration, and lumbar sprain/strain. Past medical treatment consist of PEMF stimulator, physical therapy, occupational therapy, a home exercise program, and medication therapy. Medications consist of Norco, Senokot, and Gralise (gabapentin). A urinalysis showing that the injured worker was in compliance with his medications was submitted on 05/21/2014. On 07/29/2014 the injured worker complained of neck, back, shoulder, and arm pain. Physical exam revealed that the pain rate was 8/10. It was noted that there was pain in the cervical spinous process with spasms in the paraspinal muscles. The injured worker continued to have low back pain that limited his range of motion. There was bilateral shoulder and elbow pain, as well. The submitted documentation lacked any indication of range of motion, motor strength, or sensory deficits. The treatment plan is for the injured worker to continue the use of Gralise and Norco. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 1 tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 16-

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

Decision rationale: The request for Gralise 600mg 1 tab PO BID #60 is not medically necessary. The California MTUS Guidelines state that Gralise has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Submitted reports indicate that the injured worker had been taking Gralise since at least 05/14/2014. The efficacy of the medication was not documented. The provider's rationale was also not submitted for review. Furthermore, the documentation failed to indicate any side effects the injured worker might be having with the medication. Additionally, there were no indications in the submitted documentation that the injured worker had a diagnosis of diabetic neuropathy. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Gralise 600mg 1 tab PO BID #60 is not medically necessary.

Norco 5/325mg 1 tab PO q6-8 hours #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The request for Norco 5/325mg 1 tab PO q6-8 hours #105 is not medically necessary. The California MTUS Guidelines state that the prescription should be from a single practitioner taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The use of drug screen or inpatient treatment with issues of abuse, addiction, or poor control is recommended. The efficacy of the medication was not submitted for review. Furthermore, it was not documented whether the Norco was helping with any functional deficits the injured worker had. Additionally, the submitted report did not indicate what pain levels were before, during, or after on VAS. A urine drug screen was submitted on 05/21/2014 showing that the injured worker was in compliance with his medications. However, due to lack of documented evidence submitted for review, the continuation of the medication is not warranted. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Norco 5/325mg 1 tab PO q6-8 hours #105 is not medically necessary.

