MAXIMUS Federal Services

Case Number:	CM14-0160818		
Date Assigned:	10/06/2014	Date of Injury:	09/27/2002
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury of 9/27/02. A utilization review determination dated 9/18/14 recommends modification of Gralise from #90 with 6 refills to #90 with 2 refills. MiraLax and Topamax were certified. 8/20/14 medical report identifies that the patient has been stable on Gralise for quite some time, but in the last few weeks, she has had increasing left forearm pain, increasing pain to palpation of bilateral feet, all toes, and shoes, especially on the left foot, increase her pain. She has pain at the bottom of the left foot. On exam, there is tenderness of the mid shin down into the feet and trace edema in the right ankle/foot. The provider notes a plan to increase Gralise and see the patient within a month to evaluate efficacy. He also noted a plan for continued MiraLax powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg #90 with 6 refills: 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 Page(s): 16-21 of 127.

Decision rationale: Regarding request for Gralise, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, the provider notes that the patient has been stable on Gralise for quite some time until there was a recent increase in pain. He recommended increasing the medication and reevaluating the patient within a month. Adjustment of the dosage followed by reevaluation is an appropriate option to address the patient's pain, but the current request is for 7 months of the medication (#90 and 6 refills). Given the circumstances, a short course of medication would be appropriate until the patient's response can be evaluated, but there is no clear rationale for 7 months of treatment at this point.. In light of the above issues, the currently requested Gralise is not medically necessary.

Miralax powder 410gm with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards Practice Task Force of The American Society of Colon and Rectal Surgeons

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Miralax, CA MTUS supports prophylaxis for constipation in patients undergoing chronic opioid treatment. Within the documentation available for review, there is no documentation of current opioid use or another clear rationale for Miralax. In light of the above issues, the currently requested Miralax is not medically necessary.

Topamax 50mg: 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 Page(s): 16-21 of 127.

Decision rationale: Regarding request for Topamax, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, the provider notes that the patient has been stable on Gralise for quite some time until there was a recent increase in pain. He recommended increasing the medication and reevaluating the patient within a month.

There is no documentation of current use of Topamax, discussion regarding efficacy of the medication, and a rationale for its use concurrently with another antiepilepsy drug (Gralise). In the absence of such documentation, the currently requested Topamax is not medically necessary.