

<b>Case Number:</b>	CM14-0172361		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 51-year-old female with date of injury of 06/10/2013. The treating physician's listed diagnoses from 08/20/2014 are: 1. Anxiety. 2. Neuropathic pain. 3. Sympathetically maintained pain. 4. CRPS. 5. Depressive disorder. 6. Chronic pain. According to this report, the patient presents with lower extremity pain. She states that there have been no changes in her medical history. The examination shows the patient is alert, well-developed, well-nourished in no acute distress. There are no changes in the examination per the previous report. The 06/25/2014 report shows swelling on the dorsum of the left foot with moderate discoloration. She has allodynia to dynamic light touch. There is hyperpathia to pin. Gait is antalgic. There is stiffness to movement of the left ankle. No other changes in the examination. Mood and affect is anxious, apprehensive, tense, and depressed. The documents include an AME report from 08/07/2014, lumbar sympathetic block operative report from 06/09/2014 and 06/19/2014, nerve conduction studies from 08/07/2014 and progress reports from 12/18/2013 to 08/20/2014. The utilization review denied the request on 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600mg #90 DOS: 9/11/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin, Medication for chronic pain Page(s): 18, 60.

**Decision rationale:** This patient presents with lower extremity pain. The treater is requesting GRALISE 600mg #90. The MTUS Guidelines page 18 on gabapentin (Neurontin, generic available) has been shown to be effective for treatment of diabetic painful neuropathic postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. MTUS page 60 states that for medications use for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Gralise on 12/18/2013. None of the reports from 12/18/2013 to 08/20/2014 notes medication efficacy as it relates to the use of Gralise. Therefore the request is not medically necessary.

**Protonix 20mg #60 DOS: 9/11/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

**Decision rationale:** This patient presents with lower extremity pain. The treater is requesting PROTONIX 20mg #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Protonix on 03/19/2014. It appears that the treater is prescribing Protonix in conjunction with the prescription of naproxen. MTUS does not support the prophylactic use of PPIs without GI risk assessment. The request is not medically necessary.

**Ultram ER 150mg #30 DOS: 9/11/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89.

**Decision rationale:** This patient presents with lower extremity pain. The treater is requesting Ultram ER 150mg #30. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Ultram on 03/19/2014. None of the records show medication efficacy as it relates to the use of Ultram. The treater does not provide pain scales, no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen and CURES report. The request is not medically necessary.