MAXIMUS Federal Services

Case Number:	CM14-0086338		
Date Assigned:	07/23/2014	Date of Injury:	09/16/2012
Decision Date:	09/30/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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 patient is a 63-year-old female who developed persistent right shoulder and low back problems subsequent to a lifting injury on 9/16/12. She has been diagnosed with a low-grade rotator cuff tear a non-surgical approach as been recommended by several physicians. Her low back pain incudes radiation into the legs with a feeling of numbness and tingling. An MRI study showed moderate spondylosis with foraminal narrowing bilaterally at L4-5 and L5-S1. This was considered to be moderate to severe. Neurologial exam does not reveal any deficits. She had been on Tramadol with good pain relief, but she experienced intolerable side effects so she was changed to Gralise and Visteral. It is clearly documented that she obtains at least 50% pain relief with this combination. She in not utilizing any opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300 mg. #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: MTUS Guidelines supports the use of Gabapentin (Gralise=long acting Gabapentin) for neuropathic pain. If pain relief is at least 30%, this is considered signficant and is justification to continue the mediation. The patient has a neuropathic pain syndrome due to radiculitis. The use of Grailse 300mg #30 is consistent with Guidelines and is medically necessary.

Vistaril 25 mg. #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/vistaril.html.

Decision rationale: Guideines do not specifically address the use of Vistaril (Hydroxazine). This drug is a well established medication that can be use to potentiate pain mediations and may assist with insomnia and other difficulties associated with chronic pain. Her pain relief is rated to be at least 50% from her current medications. There are no Guideline or other Medical Evidence that would support non-approval under these circumstances. The Vistaril 25mg. daily is medically necessary. necessary.