

Case Number:	CM15-0121406		
Date Assigned:	07/02/2015	Date of Injury:	01/30/2007
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 41-year-old male, who sustained an industrial injury on 01/30/2007. He has reported injury to the bilateral knees, bilateral feet/ankles, and low back. The diagnoses have included bilateral knee pain; bilateral foot pain; sprain/strain injury of both knees with underlying chondromalacia patella and infrapatellar tendinopathy; chronic bilateral plantar fasciitis; bilateral tarsal tunnel releases with ongoing foot symptomatology; neuropathic burning pain in the lower extremities and feet; chronic back pain with lumbar sprain/strain with underlying degenerative joint disease; depression; and anxiety disorder. Treatments have included medications, diagnostics, bracing, orthotics, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, physical therapy, psychotherapy, and surgical intervention. Medications have included Norco, Cymbalta, Abilify, Gralise, Ambien, and Nucynta. A progress report from the treating physician, dated 05/13/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing lower extremity pain in the knees and ankles; he is wearing knee braces and ankle braces which he finds helpful; constant burning sensation in his legs; at times he can hardly stand to weight-bear, kneel, or squat; the pain is rated at 8/10 on the pain scale; the pain is at best 4/10 with medications, and 10/10 without them; he has 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all; ongoing issues of depression and anxiety; and the current psychotropic medication regimen is working well for him in keeping his mood upbeat. Objective findings included bilateral knees with swelling around the peripatellar region; patellar compressions are painful; there is some

crepitus on passive range in flexion to extension of both knees; mild laxity in valgus maneuver in excess in both knees with stress testing; both feet with exquisite tenderness over the plantar fascia and tarsal tunnel regions with positive Tinel's signs in the tarsal tunnels; difficulty ambulating on his toes and heels with a limp; and lower back exam reveals some limited ranges of motion. The treatment plan has included the request for Gralise 600mg #90; and Nucynta 200mg #60.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Gralise.

MAXIMUS guideline: The Expert Reviewer based their decision on the MTUS. Decision Medical Treatment Guidelines 9792.20. Medical Treatment Utilization Schedule Definitions (h) page 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Gralise (gabapentin enacarbil ER).

Decision rationale: Gralise 600mg #90 is not medically necessary per the ODG. The MTUS does not address Gralise. The ODG states that Gralise is not recommended as a first-line agent for restless legs syndrome. There is no evidence to support use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. The documentation does not indicate that Gralise is medically necessary. The patient has been on Gralise but there is no evidence of significant objective functional improvement as defined by the MTUS on this medication. The request for continued Gralise is not medically necessary.

Nucynta 200mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on the MTUS. Citation 9792.20. Medical Treatment Utilization Schedule - Definitions (h) page 1.

Decision rationale: Nucynta 200mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids but there is no documentation of without significant evidence of objective functional improvement or return to work therefore the request for continued Nucynta is not medically necessary.

