

Case Number:	CM15-0123542		
Date Assigned:	07/08/2015	Date of Injury:	06/04/2011
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 56 year old female, who sustained an industrial injury on 6/4/11. She reported lower back pain with radiation to left leg and left groin while lifting a tray of dishes. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbago, chronic pain due to trauma and other chronic postoperative pain. Treatment to date has included epidural steroid injections, chiropractic treatment, acupuncture, transcutaneous electrical nerve stimulation (TENS), physical therapy and medications including Norco, Naproxen, Gabapentin, Oxycodone, Venlafaxine ER, Benazepril, Iron, Multi-vitamins and Lidoderm patch. (EMG) Electromyogram studies performed in 2012-revealed L5 left radiculopathy. Currently on 5/18/15, the injured worker complains of constant back pain, described as aching, numbness, sharp, stabbing and tingling with radiation to the back and left leg, on average rated 6/10. She rates the pain as 8/10 in the past 2 weeks. She notes Vicoprofen and Lidoderm were not helpful in managing her pain. Physical exam noted normal vital signs, pain level of 7 and she is in no acute distress. The treatment plan on 5/18/15 noted a prescription of Lyrica and Lidoderm patches and discontinuation of Nucynta, continuation of physical therapy and consideration for Cymbalta or Gabapentin in the form of Gralise. A request for authorization was submitted for Gralise 600mg #90 and Nucynta 50mg #45 on 6/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 2-3 tabs at night, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs/anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-19, 49, and 60.

Decision rationale: CA MTUS guidelines recommend Gabapentin (an anti-epilepsy drug) as a first line treatment for diabetic painful neuropathy, post herpetic neuralgia, and recommended as a trial for lumbar spinal stenosis. The recommended trial period is "three to eight weeks for titration then one to two weeks at maximum tolerated dosage." The injured worker noted low back pain with radiation to his back and left leg, with no other neuropathic findings. The objective findings included only vital signs without a physical exam. Lyrica, also an anticonvulsant was ordered on 5/18/15 and would run concurrently with Gralise; MTUS guidelines recommend initiating one medication at a time and Lyrica and Gralise are in the same class and an explanation of the need for duplicate therapy is not given. The IW does not have a diagnosis of diabetes or post-herpetic neuralgia. Therefore, the request for Gralise 600mg #60 is not medically necessary.