

Case Number:	CM15-0126261		
Date Assigned:	07/10/2015	Date of Injury:	10/09/2012
Decision Date:	09/22/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 53-year-old female, who sustained an industrial injury on 10/09/2012. According to a progress report dated 06/04/2015, the injured worker was being seen for an industrial injury to the right elbow and wrist. Right wrist pain was described as achy, burning, radiating, throbbing, cramping and deep. Severity of pain was rated 4-9 on a scale of 1-10 and was constant. She had started the titration of Neurontin with some decrease in pain, but had developed grogginess and could not function. Current medications included Tylenol 3, Lidoderm patch, Neurontin, Naprosyn and Prilosec. The use of Lidoderm patches was not initiated due to not having been approved at the pharmacy. Treatment to date has included acupuncture, physical therapy, surgery and medications. Current pain was rated 7. Least report pain over the period since the last assessment was rated 5. Average pain was 8. Intensity of pain after taking opioid was 6. Pain relief lasted 2 hours. Diagnoses included right cubital tunnel syndrome status post release and persistent pain stable, right elbow lateral epicondylitis status post release with persistent pain stable, right elbow and forearm tendonitis status post extensor release stable, right shoulder myofascial pain and adhesive capsulitis, right cervico brachial myofascial pain syndrome and chronic pain syndrome worse. The injured worker had developed side effects with Neurontin and the provider felt that she would be a candidate for Gralise. Tylenol #3 was helping to reduce pain however caused consistent problems with nausea. She indicated that she had taken hydrocodone in the past with much better affect. The treatment plan included discontinuation of Neurontin, request authorization for a trial of Gralise 300 mg every bedtime, discontinuation of Tylenol #3 and request authorization for a trial of Norco 5 mg twice a day

#60. Prescriptions were given for Gralise, Norco, Prilosec, Naprosyn and Lidoderm patches. Work status was per primary treating physician. Next appointment was for 4-6 weeks. Currently under review is the request for Gralise 300 mg #30, Norco 5/325 mg #60 and Lidoderm patch 5% #30. According to a previous report dated 02/26/2015, the injured worker was seen for a comprehensive physical medicine new patient evaluation. The provider noted that the injured worker continued to experience right upper extremity dysesthetic pain. Symptoms had persisted despite a thorough course of conservative and surgical treatments. Her current medication regimen included hydrocodone 5 mg. It was felt that the continued use of opioid medications was not in her best physical or emotional interest. It was recommended that Hydrocodone be discontinued. A progress report dated 12/10/2014 indicated that the injured worker had been weaned off Percocet and Tramadol was not helping with pain. Currently under review is the request for Gralise 300 mg #30, Norco 5/325 mg #60 and Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED) Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Gralise.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epileptic drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. 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 antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Official Disability Guidelines state Gralise is FDA approved for treatment of restless legs syndrome and post herpetic neuralgia. In this case, the injured worker is not documented as have restless legs syndrome or post herpetic neuralgia. There was no discussion of trial and failure of other first-line agents. The medical necessity for the requested treatment is not established. The request for Gralise 300mg #30 is not medically necessary per guidelines.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management/Opioids Page(s): 9, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, the injured worker had previously been prescribed Hydrocodone and on 02/26/2015 was recommended for discontinuation. There is a lack of functional improvement with the treatment already provided. There no sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with previous use of hydrocodone. There was no documentation of objective evidence of functional improvement with use of opioid analgesics. There was no discussion of improvement of activities of daily living as a result of the use of opioids. The medical necessity of the requested treatment is not established. The request for Norco 5/325mg #60 is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS Guidelines recommends topical lidocaine only in the form of the Lidoderm patch for neuropathic pain. In this case, there was no discussion of trial and failure of antidepressants. Documentation shows Anticonvulsant therapy (Gabapentin) had been tried with reported side effects of grogginess and inability to function. There was no other trial and failure of other first-line anticonvulsant therapy documented. According to documentation submitted for review, use of Lidoderm patches by the injured worker dates back to 2013. There was lack of objective evidence of functional improvement with activities of

daily living or work status with previous use of Lidoderm. In addition, the treating physician's request did not include the site of application or directions for use. As such, the prescription is not sufficient. Medical necessity of the requested treatment is not established. The request for Lidoderm patch 5% #30 is not medically necessary.