

Case Number:	CM15-0074841		
Date Assigned:	04/24/2015	Date of Injury:	02/26/2013
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: California, Indiana, 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 47 year old female, who sustained an industrial injury on 02/26/2013. She reported left shoulder symptoms and acute low back pain. Treatment to date has included MRI, medications and physical therapy. According to a progress report dated 03/31/2015, the injured worker complained of left shoulder and low back pain. She started taking Gralise in about mid-February and had now increased to 1800 mg once a day and felt a little dizzy in the morning but was otherwise able to tolerate it. She also noted that it eased the discomfort in her shoulder some. She had 6 sessions of physical therapy and felt that her back was stronger, but it remained painful. She requested further sessions. Medications included Ibuprofen and Gralise. Diagnoses included shoulder pain, low back pain and myofascial pain. Treatment plan included continue physical therapy for the low back, continue vocational retraining, self-procure physical therapy for the shoulder. Currently under review is the request for Gralise 600mg three to four tabs every day and six sessions of physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg; three to four tab qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gralise 600 mg 3 to 4 tablets per day are not medically necessary. Gralise is not recommended as a first-line agent for restless leg syndrome, where gabapentin is recommended when dopamine agonists have failed. Gralise is FDA approved for treatment of restless leg syndrome and postherpetic neuralgia. In this case, the injured worker's working diagnoses are shoulder pain; low back pain; and myofascial pain. The documentation shows Gralise started mid-February 2015. The treating provider recently increased the dose to 2400 mg per day. There are no neuropathic symptoms or objective findings documented in the medical record. Additionally, Gralise is not recommended as a first-line agent. Gralise is FDA approved for treatment of restless leg syndrome and postherpetic neuralgia. The injured worker has neither clinical condition. Consequently, absent clinical documentation with an appropriate clinical indication for Gralise, Gralise 600 mg 3 to 4 tablets per day are not medically necessary.

Physical therapy for six sessions, in treatment of the lower back Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions in treatment of the lower back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are shoulder pain; low back pain; and myofascial pain. Documentation from a prior physical therapy note in the medical record, dated March 11, 2015, states the injured worker had prior physical therapy but did not obtain full benefit. There was no documentation of the prior physical therapy (according to the physical therapist) the medical record. The injured worker recently completed six physical therapy sessions to the low back. The injured worker still complains of pain. Objectively, physical examination was deferred. In the physical therapy documentation session #5 out of #6, the injured worker had a VAS pain scale of 8/10. The treating provider did not provide evidence of objective functional improvement and, as noted above, there was no physical examination to provide objective clinical findings. There were no compelling clinical facts in the medical record indicating additional physical therapy was

clinically indicated. Consequently, absent compelling clinical documentation with evidence of objective functional improvement with ongoing physical therapy with a persistently elevated VAS pain score 8/10 after the fifth (out of six) physical therapy session and compelling clinical facts showing additional physical therapy is warranted, physical therapy six sessions in treatment of lower back is not medically necessary.