

Case Number:	CM14-0103289		
Date Assigned:	07/30/2014	Date of Injury:	03/05/2011
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 55 year old female who sustained an injury to her right foot while stepping off a bus on 03/05/11. It is reported that the injured worker was stepping off a bus when she subsequently sustained an inversion injury. She ultimately underwent an open reduction internal fixation (ORIF). She is noted to have received postoperative physical therapy. She underwent hardware removal on 12/14/12. Records indicate that the injured worker was opined to have developed reflex sympathetic dystrophy. Records indicate that the injured worker ultimately underwent permanent implantation of a dorsal column stimulator on 05/17/13. The records reflect that the injured worker receives substantive benefit from the dorsal column stimulator; however, her pain levels are noted to significantly elevate with increased levels of activity. A subsequent request was made for Gralise 300 milligrams quantity ninety with two refills, Norco 10/325 milligrams quantity 120, and Lexapro 10 milligrams quantity thirty with two refills. This request was noncertified under utilization review on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg #90 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 51-2. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The submitted clinical records indicate that the injured worker has reflex sympathetic dystrophy of the lower extremities secondary to a workplace trauma. The injured worker has sympathetically mediated pain as well as neuropathic pain for which this medication would be clinically indicated. She is noted to have inadequate pain relief with an implanted dorsal column stimulator and as such, per MTUS, the request for Gralise 300 milligrams quantity ninety with two refills is recommended as medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker suffers from reflex sympathetic dystrophy. Her pain is only partially controlled by an implanted dorsal column stimulator. Per MTUS, the request for Norco 10/325 milligrams is considered medically necessary to treat breakthrough pain associated with increased functional levels.

Lexapro 10mg #30 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The submitted clinical records indicate that the injured worker suffers from reflex sympathetic dystrophy. Her neuropathic pain is only partially controlled with the use of an implanted dorsal column stimulator. As such, per MTUS, the use of Lexapro for neuropathic pain would be considered medically necessary and appropriate. Therefore, the request for Lexapro 10 milligrams quantity thirty with two refills is recommended as medically necessary.