

<b>Case Number:</b>	CM13-0045558		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 male patient sustained an injury on 9/26/12 while employed by [REDACTED]. Request under consideration include Gralise 600 mg Qty: 90 with 3 refills. Conservative treatment has included 12 physical therapy visits, activity modification, and medications. He continues with persistent low back pain. MRI of 1/18/13 showed degenerative disc disease with mild facet degeneration, encroachment of L3-5 with small annular bulges at L2-5. HE was referred to orthopedist who opined on 3/7/13 the patient to have diagnoses of greater trochanter bursitis and OA with possible sacroiliitis. The patient has undergone trochanteric injections along with lumbar epidural injections; however, pain level remained unchanged at 7-8/10 scale. Report of 7/11/13 noted patient with muscle spasm of paralumbar muscles and moderate tenderness at right S1 joint and lumbosacral region; decreased range of motion; SLR positive; slightly decreased muscle strength; altered sensation in right S1 dermatome and mildly antalgic gait. Follow-up on 10/2/13 noted the medication was not helping the patient and it was discontinued. Request was non-certified on 10/28/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg Qty: 90 refills:3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** This male sustained an injury on 9/26/12 while employed by [REDACTED]. Request under consideration include Gralise 600 mg Qty: 90 with 3 refills. Conservative treatment has included 12 physical therapy visits, activity modification, and medications. He continues with persistent low back pain. MRI of 1/18/13 showed degenerative disc disease with mild facet degeneration, encroachment of L3-5 with small annular bulges at L2-5. HE was referred to orthopedist, [REDACTED] who opined on 3/7/13 the patient to have diagnoses of greater trochanter bursitis and OA with possible sacroiliitis. The patient has undergone trochanteric injections along with lumbar epidural injections; however, pain level remained unchanged at 7-8/10 scale. Report of 7/11/13 from [REDACTED] noted patient with muscle spasm of paralumbar muscles and moderate tenderness at right S1 joint and lumbosacral region; decreased range of motion; SLR positive; slightly decreased muscle strength; altered sensation in right S1 dermatome and mildly antalgic gait. Follow-up on 10/2/13 by [REDACTED] noted the medication was not helping the patient and it was discontinued. Although Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered and has actually noted lack of effectiveness and has been discontinued. Previous treatment with Gralise (Gabapentin) has not resulted in any functional benefit and medical necessity has not been established. The Gralise 600 mg Qty: 90 refills:3 is not medically necessary and appropriate.