

<b>Case Number:</b>	CM14-0019099		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 57 year old male who reported an injury on 12/01/2004. The mechanism of injury was not clear in the documentation provided. The clinical note dated 03/28/2014 reported the injured worker continued to have pain in the ankle that was burning in nature. The injured worker reported color changes described as red to purple. The injured worker was prescribed Lidoderm patches, tramadol, Ambien, and Gralise, which the injured worker reported helped with pain. The physical exam revealed antalgic gait favoring the left lower extremity, with tenderness over the side of the external fixator pins with allodynia. The provider also noted the injured worker had diffused hyperalgesia in the left calf and foot with mild left foot and calf edema. The injured worker did not have instability and not obvious left knee effusion. The injured worker is status post open reduction and internal fixation of severe comminuted distal tibial pilon fracture/ distal fibular fracture. The clinical documentation provided noted the injured worker had undergone eight sessions of physiotherapy with significant progress. The provider recommended authorization for Gralise 600 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GRALISE 600MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs  
Page(s): 16-19.

**Decision rationale:** The request for Gralise is not medically necessary. Gralise is gabapentin. The injured worker reported continued pain in the ankle that was burning in nature. The injured worker reported color changes described as red to purple. The California MTUS guidelines note 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. The guidelines also recommend gabapentin for a trial period for CRPS. The request fails to provide the quantity of the medication to be distributed. In addition, the most recent notes fail to provide sufficient evidence of adequate relief of symptoms on a VAS scale to support continuation of the proposed medication. The request does not meet the guidelines. Therefore, the request for gralise 600 mg is not medically necessary.