

Case Number:	CM14-0136956		
Date Assigned:	08/29/2014	Date of Injury:	08/06/2005
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation, 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 74 year old female injured on 08/06/05 due to an undisclosed mechanism of injury. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc with lumbar radiculopathy. The documentation indicates the injured worker underwent lumbar spine fusion following the initial injury. The clinical note dated 07/14/14 indicated the injured worker presented complaining of low back pain radiating into the bilateral lower extremities and feet described as burning and cramping. The injured worker rated the pain at 7/10 worsened with sitting with associated numbness in the bilateral lower extremities. Physical examination revealed tenderness to palpation of the lumbar spine, limited range of motion secondary to pain, sensation normal to light touch bilaterally, 2+ deep tendon reflexes, negative straight leg raise, and negative facet loading. Current medications included daily multi-vitamin, Cyclobenzaprine, Cymbalta, Gabapentin, Mobic, Norco, and Vicodin. Treatment plan included discontinuation of Gabapentin due to lack of efficacy and gastrointestinal upset when taken more frequently. The injured worker provided Gralise starter pack then prescription for Gralise 1,800mg QHS for long acting Gabapentin to decrease side effects and higher compliance. Request for caudal epidural steroid injection due to radicular symptoms requested. The initial request for Gralise 600mg #90 with 3 refills was non-certified on 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=7d12b4e9-ed44-43c0-9e46-f6c195300f03>

Decision rationale: Based on review of the medical records provided, the request for Gralise 600mg #90 with 3 refills is not supported as medically necessary. There is no indication in the documentation of reevaluation of medication efficacy and injured worker compliance with administration following initiation of starter pack. Additionally, the documentation's presence of objective findings is consistent with neuropathy. As such, the request for Gralise 600mg #90 with 3 refills is not medically necessary at this time.