

Case Number:	CM14-0137585		
Date Assigned:	09/05/2014	Date of Injury:	03/07/2011
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 50-year-old female who sustained a work related injury as result of cumulative trauma as result of repetitive job related duties to her neck, mid and lower back, initially reported on March 7, 2011. Since then she has complaint of continuous 8/10 pain in her neck with associated radiation down her back and left leg with numbness and tingling. Right cervical range of motion increases her pain across her shoulders. Her discomfort worsens with work related repetitive movements and sitting. The patient complains monthly of medications side effects causing drowsiness. Objectively there is tenderness to palpation along the paraspinal musculature, superior trapezius and interscapular muscles. Her right shoulder has a decreased range of motion due to pain and there are identifiable bilateral superior trapezius trigger points. The patient's current treatment regimen includes the requested medication, which she has taken since at least January of 2014. In dispute is a decision for Gralise 300mg #30 and Motrin 800mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 18-19.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Gabapentin (Neurontin, Gabarone™, generic available) 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. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia...There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness." The following conditions are recommended a trial treatment using Gabapentin: Spinal cord injury, complex regional pain syndrome (CRPS), Fibromyalgia and Lumbar spinal stenosis. Based upon the patient's own complaint of 'medication side effects', along with her not having any of the above listed conditions for which Gabapentin is authorized for use, the request is not medically necessary and appropriate.

Motrin 800 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 67-68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. As this seems to help with the patient's pain, the request is medically necessary and appropriate.