MAXIMUS Federal Services

Case Number:	CM14-0170906		
Date Assigned:	10/23/2014	Date of Injury:	05/17/2012
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Practice, and is licensed to practice in Ohio. 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 63-year-old male with a date of injury of May 17, 2012. He has complained of low back pain radiating into the left leg and neck pain radiating into the bilateral shoulder blade regions. He also has intermittent pain into the left arm and has complained of bilateral hand numbness. An MRI scan of the lumbar spine revealed moderate lumbar facet arthropathy but no central canal stenosis or neural foraminal narrowing. An MRI scan of the cervical spine revealed a posterior disc osteophyte at C4-C5 which abuts the ventral cord causing moderate central canal stenosis. The physical exam has revealed diminish sensation to the right-hand in the median nerve distribution, a positive Tinel's and Phalen's sign bilaterally, diminished lumbar range of motion with normal strength sensation and reflexes of the lower extremities, diminished cervical range of motion, and normal strength reflexes and sensation of the upper extremities except for the hands. He has been treated with a TENS unit, home traction, opioid pain medication, radiofrequency ablation in the lumbar spine region, and physical therapy. The radiofrequency ablation was very helpful in alleviating the back pain. The diagnoses include bilateral carpal tunnel syndrome, cervical sprain/strain, cervical facet arthrosis and spinal stenosis, lumbar degenerative disc disease, cervicogenic headaches, and myofascial pain syndrome. The carpal tunnel syndrome is thought to be nonindustrial. The agreed medical examiner felt the neck and back pain was largely facet joint mediated and not neurologically mediated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 118.

Decision rationale: Gabapentin (Neurontin, Gabarone, Gralise, 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. Gralise (Gabapentin Enacarbil extended release) is FDA approved for treatment of restless legs syndrome and post herpetic neuralgia. Gabapentin may be indicated on trial basis for lumbar spinal stenosis but not cervical spinal stenosis. In this instance, the records provided do not provide convincing evidence of neuropathic pain apart from probable carpal tunnel syndrome, which has been determined to be non-industrial. The upper and lower extremity neurologic exams have essentially been normal with the exception of the findings consistent with carpal tunnel syndrome. Therefore, Gralise 600 mg is not medically necessary.