

Case Number:	CM14-0172105		
Date Assigned:	10/23/2014	Date of Injury:	12/31/2004
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine, and is licensed to practice in Colorado. 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 58 year old female injured on 12/31/014 by keyboard/mouse and typing clerk or computer work. The worker developed painful upper extremity conditions including bilateral carpal tunnel syndrome, de Quervain's tenosynovitis, epicondylitis, and trigger finger. The worker underwent bilateral carpal tunnel release, multiple trigger finger releases, right shoulder arthroscopic decompression and injection treatments. As of August 29, 2014 worker's symptoms had not resolved and she continued to complain of neck, bilateral upper extremity, and hand pain. She received medication treatment for these complaints including Gralise 600 mg for neuropathic pain, and Nabumetone, and Cyclobenzaprine as needed. Pain level on this visit was 9.5/10. Examination findings were documented as normal on this date of visit. Medications at this point in time included Buprenorphine sublingual, Nabumetone-Relafen, cyclobenzaprine, Gralise, Allegra, aspirin, Lisinopril, insulin, Trazodone, Effexor, and Wellbutrin. Diagnoses included cervical spinal stenosis, carpal tunnel syndrome, tenosynovitis of the hand and wrist. A prescription for Gralise was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise ER 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16, 17, 19.

Decision rationale: Gralise ER is an extended release version of Gabapentin. According to the MTUS, gabapentin has been considered as a first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. 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. Gabapentin has also been shown to be effective for treatment of the following conditions: painful polyneuropathy, postherpetic neuralgia, central pain, spinal cord injury, chronic regional pain syndrome (CRPS), fibromyalgia, lumbar spinal stenosis, and postoperative pain. The MTUS also provides the following regarding the effectiveness of an AED: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Also, after initiation of treatment with an AED there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, there is insufficient documentation of a specific improvement in pain and/or function, or side effects, attributable to the use of Gralise. Therefore, the request for Gralise is not considered medically necessary or appropriate.