MAXIMUS Federal Services

Case Number:	CM14-0042311		
Date Assigned:	06/30/2014	Date of Injury:	02/21/2012
Decision Date:	08/07/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 California. 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 21, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; earlier lumbar fusion surgery; and adjuvant medications. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for Gralise (gabapentin). The claims administrator cited a variety of non-MTUS Guidelines in its denial, including Third Edition ACOEM Guidelines, Goodman and Gillman's Pharmacological textbook, the PDR, and ODG. The claims administrator suggested that the applicant use generic gabapentin in lieu of Gralise. The applicant subsequently appealed. In a progress note dated April 3, 2014, the applicant presented with persistent complaints of neck pain radiating to the right forearm with associated numbness and paresthesias. The applicant was on Gralise and ibuprofen. It was stated that the applicant was working full time, full duty work as a health architect. The attending provider stated that Gralise was allowing the applicant to work full time and perform activities of daily living, including self-care and dressing. It was stated that the applicant had failed generic gabapentin and that Gralise was generating 60% reduction in pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #120 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/ Cervical and Thoracic Spine. Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. www.RxList.com. ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. drugs.com. Epocrates Online, www.online.epocrates.com. Monthly Prescribing Reference, www.empr.com. Opioid Dose Calculator - AMDD www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: The request for Gralise (gabapentin) is medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin or Gralise should be asked at each visit as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has established the presence of both appropriate analgesia and improvements in function with ongoing gabapentin (Gralise) usage. The applicant has returned to regular work and is working full time at [redacted]. The applicant has reported a reduction in pain levels by 60% with ongoing Gralise usage. Therefore, the request is medically necessary.