

Case Number:	CM14-0066935		
Date Assigned:	07/11/2014	Date of Injury:	04/01/2009
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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:

According to the records made available for review, this is a 44-year-old male with a 4/1/09 date of injury. At the time (4/16/14) of request for authorization for Gralise 300 mg, one tablet at night for cervical neck sprain, there is documentation of subjective (increased nerve pain radiating from the spine with interference of sleep) and objective (pain in the cervical facets with lateral bending, 30 degrees of forward kyphosis in the upper thoracic region, tenderness to palpation in the mid thoracic spine with taught bands, myofascial trigger points and twitch responses in the thoracic paravertebrals causing radiating pain to the scapula, and decreased lumbar range of motion) findings, current diagnoses (non-displaced rib fractures with persistent pain, mild post concussion syndrome, cervical strain and chronic pain, myofascial tension in the thoracic region, migraine headaches, sleep dysfunction, depression, post-traumatic stress disorder (PTSD), and neural pain), and treatment to date (ongoing therapy with Lyrica, Celebrex, and Wellbutrin). In addition, medical report identifies a request for a trial of Gralise (gabapentin) to reduce nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300 mg, one tablet at night for cervical neck sprain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). Within the medical information available for review, there is documentation of diagnoses of non-displaced rib fractures with persistent pain, mild post concussion syndrome, cervical strain and chronic pain, myofascial tension in the thoracic region, migraine headaches, sleep dysfunction, depression, post-traumatic stress disorder (PTSD), and neural pain. In addition, there is documentation of a request for a trial of Gralise (gabapentin) to reduce nerve pain. Furthermore, given documentation of subjective (increased nerve pain radiating from the spine with interference of sleep) and objective (tenderness to palpation in the mid thoracic spine with taught bands, myofascial trigger points and twitch responses in the thoracic paravertebrals causing radiating pain to the scapula) findings, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Gralise 300 mg, one tablet at night for cervical neck sprain is medically necessary.