

<b>Case Number:</b>	CM14-0068487		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/27/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on July 27, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of neck pain, back pain, and bilateral shoulder pain. There was stated to be 60% 80% relief with current medications. The physical examination demonstrated crepitus in the bilateral shoulders. There were trigger points noted along the back and lower lumbar spine. There was decreased range of motion of the cervical spine. There was a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. Gabapentin and Tramadol were discontinued during this visit. A request had been made for Gralise and was not medically necessary in the pre-authorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg. # 90 no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

**Decision rationale:** According to the progress note dated May 29, 2014, it is unclear why gabapentin was discontinued and stated to be replaced with Gralise when it was stated that current medications were providing 60% 80% pain relief. Considering this, this request for Gralise is not medically necessary.