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| Case Number: | CM14-0087369 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/11/2012 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 54-year-old male with a 7/11/12 date of injury, and status post right ankle arthroscopic debridement and peroneus brevis and longus tenosynovectomy 3/15/13. At the time (5/14/14) of request for authorization for Gralise starter kit 300/600mg starter kit, there is documentation of subjective (constant aching and burning type pain in his right ankle that radiates into his foot, burning shooting pain is most bothersome) and objective (hypersensitivity and allodynia appreciated, strength grossly 4/5 with pain, dorsiflexion, plantar flexion, inversion, and eversion limited on all planes secondary to pain, no swelling or effusion, and pulse 2+) findings, current diagnoses (pain in limb), and treatment to date (physical therapy, activity modifications, and medications (including Norco, Voltaren, and Terocin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise starter kit 300/600mg starter kit: Overturned

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 Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of pain in limb. In addition, there is documentation of a plan to start Gralise. Furthermore, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Gralise starter kit 300/600mg starter kit is medically necessary.