

Case Number:	CM14-0197223		
Date Assigned:	12/05/2014	Date of Injury:	12/02/2011
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 51 year old woman who sustained a work-related injury on December 2, 2011. Subsequently, the patient developed a chronic neck and shoulder pain. According to a progress report dated on October 28, 2014, the patient was complaining of neck and shoulder pain as well as migraine headaches. The patient physical examination demonstrated cervical tenderness with reduced range of motion, myofascial trigger points and increased muscle spasm. The patient nor her examination demonstrated the mild medial cord dysfunction on the right side. The provider requested authorization for Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise extended release gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, <<Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line

treatment for neuropathic pain.>> The patient sustained a neuropathic pain that could be treated by Gabapentin combined to his current medications. However there is no prior documentation of efficacy of gabapentin Gralise is frequently used when there is adverse reaction from the use of Gabapentin because of the slow release of the drug. Therefore, the prescription of Gralise extended release gabapentin 300mg #90 is not medically necessary.