

Case Number:	CM14-0204779		
Date Assigned:	12/17/2014	Date of Injury:	04/01/2009
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 1, 2009. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for Gralise (a long-acting brand-name variant of gabapentin). The claims administrator referenced non-MTUS FDA Guidelines on gabapentin and did not, furthermore, incorporate said guidelines into the rationale. Also referenced were a progress note and RFA form dated November 11, 2014. In said November 11, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, mid back pain, erectile dysfunction, depression, anxiety, migraine headaches, myofascial pain syndrome, postconcussion syndrome, and posttraumatic stress disorder. The attending provider posited that the applicant's usage of Prilosec had attenuated symptoms of reflux, that Wellbutrin had mitigated symptoms of depression, the Frova had attenuated migraine headaches, the Botox injections had also attenuated migraine headaches, and that Gralise was being employed to reduce insomnia and neuralgia. At the bottom of the report, the applicant was given a rather proscriptive 20-pound lifting limitation and was precluded from operating machinery, seemingly resulting in the applicant's removal from the workplace. The note was very difficult to follow, highly templated, and did not seemingly include the applicant's complete medication list. On October 7, 2014, the applicant was described as using Gralise, Adderall, Frova, Prilosec, Wellbutrin, Lyrica, Nuvigil, ranitidine, Lamictal, and Cialis. The same, unchanged rather proscriptive 20-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA website, http://www.accessdate.fda.gov/drugsatfda_docs/label/2012/022544s006lbl.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Gabapentin topic Page(s).

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first line treatment for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "cost" and other applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not clearly state or clearly establish why the applicant needs to use two separate anticonvulsant adjuvant medications, namely Gralise (long-acting gabapentin) and Lyrica, nor did the attending provider clearly outline why provision of brand-name Gralise was preferable to provision of generic gabapentin. The request, thus, as written is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.