

Case Number:	CM14-0205823		
Date Assigned:	12/17/2014	Date of Injury:	09/30/1994
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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:

Patient is a 70 year-old male with date of injury 09/30/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/07/2014, lists subjective complaints as pain in the mid and low back. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the thoracic and lumbar spine revealed tenderness to palpation of the paraspinals. Each transitional movement was done stiffly and in a great deal of pain. No other physical examination results were documented by the physician. Diagnosis: 1. Failed back surgery syndrome with intractable low back pain 2. Intolerant to physical therapy evaluation and attempted exercises 3. Sleep quality; questionable obstructive sleep apnea 4. Intrathecal and oral opioid therapy, stable and appropriate use, but unsatisfactory 5. Depression 6. Disabled 7. History of alcohol use. The medical records supplied for review document that the patient had not been taking the following medication before the request for authorization on 11/07/2014. Patient was given a Gralise starter pack on 10/08/2014. Medication: 1. Gralise 600mg, #90 SIG: one per day with meal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.accessdata.fda.gov www.gralise.com.

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

Decision rationale: The MTUS states that Gabapentin is an anti-epilepsy drug 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. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. With proper documentation, the patient may be a candidate for Gabapentin; what is unclear, however, is why the patient needs a q. day dosing schedule offered by Gralise. Gralise 600mg #90 is not medically necessary.