

Case Number:	CM15-0104264		
Date Assigned:	06/08/2015	Date of Injury:	05/15/1989
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 86 year old female injured worker suffered an industrial injury on 05/15/1989. The diagnoses included chronic low back pain and lumbar radiculopathy. The injured worker had been treated with medications. On 4/14/2015 the treating provider reported stable on the current medication regime. On exam the pain was rated 4/10. The treatment plan included Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: The claimant sustained a work injury and May 1989 and continues to be treated for radiating back pain. When seen, she was doing well with pain rated at 2/10. Physical examination findings included decreased lumbar spine range of motion with positive left straight leg raising and decreased left lower extremity strength. Oral Gabapentin has been

shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gralise (sustained release gabapentin) has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the amount being prescribed is consistent with guideline recommendations and was medically necessary.