

Case Number:	CM15-0131178		
Date Assigned:	07/17/2015	Date of Injury:	08/13/2001
Decision Date:	08/19/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 injured worker is a 67-year-old female, who sustained an industrial injury on August 13, 2001. The injured worker was diagnosed as having status post C4 through C7 anterior cervical discectomy and fusion in 2004, status post C5-C6 bilateral neuroforaminotomy, C6 laminectomy and posterior C5 through C7 fusion complicated by MRSA, septic shock, acute respiratory failure requiring incision and drainage in 2011, severe left C3-C4 foraminal narrowing, T1 to T2 and focal cord myelomalacia C5-C6, Chronic Obstructive Pulmonary Disease (COPD), osteopenia, and increased signal above and below the C3 and C1 vertebral bodies as well as posteriorly. Treatments and evaluations to date have included cervical fusion, cervical spine surgeries, home exercise program (HEP), MRIs, acupuncture, and medication. Currently, the injured worker complains of neck and bilateral upper extremity pain. The Treating Physician's report dated June 4, 2015, noted the injured worker was doing well on her current medications including Percocet, Gralise, Naproxen, Lansoprazole, and Amitiza, noting they provide more than 50% pain relief, and is able to cook, clean, and perform her activities of daily living (ADLs) with current medication regimen. A urine toxicology dated April 20, 2015, was noted to be consistent with the injured worker's current medication regimen. Physical examination was noted to show minimal cervical flexion and extension, and a PHQ-9 score of 15/30 which indicated moderate depression. The treatment plan was noted to include continuation of her current medication regime and home exercise program (HEP), and continuation of use of Tramadol as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 60 mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Gralise (Gabapentin Enacarbil ER).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes anti-epilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Gralise (Gabapentin Enacarbil ER) is noted as not recommended by the Official Disability Guidelines (ODG). Gabapentin has been shown to be effective for treatment of diabetic neuropathy, postherpetic neuralgia, and neuropathic pain. The documentation provided did not identify the injured worker with diabetic neuropathy, postherpetic neuralgia, or neuropathic pain. Although the injured worker was noted to have a greater than 50% reduction in pain with the ability to perform her activities of daily living (ADLs) with her current medication regimen, there was no objective improvement documented of the injured worker's pain, function, or ability to perform specific activities of daily living (ADLs) specifically related to the use of the Gralise. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Gralise 60 mg #90 with 3 refills. The requested medication is not medically necessary.