

Case Number:	CM15-0132468		
Date Assigned:	07/20/2015	Date of Injury:	6/2/2011
Decision Date:	08/18/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

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 injured worker is a 37-year-old female, who sustained an industrial injury on 6/2/2011. The mechanism of injury was repetitive activities. The injured worker was diagnosed as having bilateral wrist and bilateral upper extremity tendinitis, mild right cubital tunnel syndrome and right wrist volar radial ganglion cyst. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/15/2015, the injured worker complains of hand pain radiating to the shoulder, rated 8/10, left knee pain and swelling of the bilateral upper extremities and bilateral lower extremities. Physical examination showed range of motion in the bilateral upper extremities is within normal limits. The treating physician is requesting Gabapentin 300 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Gralise) 300mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-21 of 127.

Decision rationale: Regarding request for Gralise, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the patient has pain, some of which is believed to be neuropathic in nature. The provider recommended a trial of this medication to address the neuropathic pain. While a trial of the medication may be appropriate, a refill prior to observing the initial response is not conducive to the reevaluation for efficacy and continued need required for medication management and, unfortunately, there is no provision for modification of the current request to allow for an initial trial only. In light of the above issues, the currently requested Gralise is not medically necessary.