

Case Number:	CM15-0137853		
Date Assigned:	07/27/2015	Date of Injury:	01/28/2002
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 28, 2002. In a Utilization Review report dated July 1, 2015, the claims administrator partially approved a request for Gralise (gabapentin). The claims administrator referenced an RFA form received on June 25, 2015 and an associated progress note of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 24, 2015 progress note, the applicant reported ongoing complaints of low back, hip, and leg pain. The applicant had completed a functional restoration program of some kind, it was reported. The applicant had had essentially negative lumbar MRI imaging of March 20, 2015, it was reported. The applicant had received epidural steroid injections and lumbar rhizotomy procedures, it was reported. The applicant was described as having a multitude of somatic complaints, it was reported. The applicant was on Percocet, Fioricet, and Demerol, it was reported. The applicant was also using a cane. The applicant was currently unemployed, it was acknowledged. The applicant was described as having low back and/or bilateral leg pain, it was stated. Gralise (extended- release gabapentin) was endorsed on the grounds that the applicant had apparently had unspecified side effects with conventional gabapentin. The applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg, may titrate up to 1800mg daily, unspecified quantity: 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 Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Yes, the request for Gralise (extended-release gabapentin) was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, one recommendation for an adequate trial of gabapentin is three to eight weeks by titration, then one to two weeks at maximum tolerated dose. The request for a starting dose of Gralise with titration up to 1800 mg daily, thus, was in-line with the recommended trial period of three to eight weeks for titration and one to two weeks at maximum tolerated dose set forth on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the first-time request for Gralise (extended-release gabapentin) was medically necessary.