

Case Number:	CM15-0146766		
Date Assigned:	08/07/2015	Date of Injury:	11/04/2012
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 53 year old female who sustained an industrial injury on 11-4-12 when a door pushed her over causing her to fall over as she was on her hands and knees scrubbing a floor. She had immediate pain. The location of pain at the time of the incident was not identified but in the 10-29-14 note she had constant hip and neck pain as well as intermittent leg pain. She was medically evaluated, x-rayed and given ibuprofen and Flexeril. Of note, she had a prior industrial injury 5-5-12 involving the left shoulder, neck. Currently she complains of back pain that radiates to her hips, legs to her feet. On physical exam she has tenderness to her posterior superior iliac spine and positive straight leg raise on the left, positive Kemp's on the left and positive Patrick, Fabere bilaterally. She is independent with activities of daily living but does have pain with self-care. Medications included Flexeril. Diagnoses included sacroiliitis; myofascial spasm; coccydynia; cervical degenerative disc disease; cervical spondylosis; lumbar degenerative disc disease; lumbosacral sprain, strain; lumbosacral neuritis or radiculitis. Treatments to date include medications; transcutaneous electrical nerve stimulator unit with benefit; H-wave with benefit; sacroiliac joint injection (6-24-15); physical therapy with temporary relief. Diagnostics include MRI of the lumbar spine (3-19-13) showing small multilevel posterior disc bulge, facet arthropathy. In the progress note dated 6-24-15 the treating provider's plan of care includes request for Gralise starter pack 300mg to help with pain relief and sleep; Gralise 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise starter 300mg, prescribed on 06/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 19. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy Drugs/Gabapentin, pages 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Gabapentin/Neurontin/Gralise, page 729.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated neuropathic symptoms and clinical findings along with extenuating circumstance or failed treatment trial of gabapentin to warrant the use of Gralise. ODG specifically states that there is no evidence to support for the use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. Medical reports have not demonstrated specific change, progression of neurological deficits or any neuropathic pain with functional improvement from previous conservative treatment of this chronic injury; thereby, medical necessity has not been established. The Gralise starter 300mg is not medically necessary and appropriate.

Gralise 600mg, prescribed on 6/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 19. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy Drugs/Gabapentin, pages 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Gabapentin/Neurontin/Gralise, page 729.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated neuropathic symptoms and clinical findings along with extenuating circumstance or failed treatment trial of gabapentin to warrant the use of Gralise. ODG specifically states that there is no evidence to support for the use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. Medical reports have not demonstrated specific change, progression of neurological deficits or any neuropathic pain with functional improvement from previous conservative treatment of this chronic injury; thereby, medical necessity has not been established. The Gralise 600mg, prescribed on 6/24/2015 is not medically necessary and appropriate.