

<b>Case Number:</b>	CM15-0192039		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/09/1984
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 70 year old female, who sustained an industrial-work injury on 3-9-84. She reported initial complaints of low back pain. The injured worker was diagnosed as having multilevel disc degeneration, lumbar radiculopathy, fibromyalgia, post discectomy pain syndrome, and emotional factors. Treatment to date has included medication, trigger point injection 9-10-15, and diagnostics. Currently, the injured worker complains of back pain with intensity level of 4 out of 10. She sleeps 8 hours a night. Gralise was recommended on 6-24-15 for chronic pain syndrome. Fentanyl was stopped. She takes Hydrocodone, Lidoderm, Gralise, Celexa, and Loratadine. Pain has dropped 60% subjectively from 10 to level 4. Household function had improved by 30%. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted no apparent distress, no gait instability, cervical tightness is noted, myofascial restrictions in lumbar region noted, straight leg raise at 35 degrees on the right and 40 degrees on the left. The Request for Authorization requested service to include Gralise 600mg #30, with 5 refills. The Utilization Review on 9-22-15 denied the request for Gralise 600mg #30, with 5 refills, per Official Disability Guidelines (ODG), Pain Chapter (Online Version) Gralise (gabapentin enacarbil ER).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600mg #30, with 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version) Gralise (gabapentin enacarbil ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain in the lower back and leg - side unspecified. The request is for GRALISE 600MG #30, WITH 5 REFILLS. Examination to the lumbar spine on 09/16/15 revealed myofascial restrictions. Straight leg raising test was 35 degrees on the right and 40 degrees on the left. Per 09/01/15, Request For Authorization form, patient's diagnosis include degeneration of disc, lumbar; radiculopathy, lumbar; myalgia and myositis, unspecified. Patient's medications, per 09/10/15 progress report include Hydrocodone, Aspirin, Coenzyme, Atenolol, Niacin, Duragesic, Vitamins, Calcium, Fish Oil, Garlic, Yeast, Levothyroxine, Lidoderm, Gralise, Lipitor, Celexa, and Loratadine. Patient's work status was not specified. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In progress report dated 06/24/15, the treater states, "Gralise has been effective. She has been taking 600 mg a day and this has resulted in decrease in her spasms and improvement in her sleep/wake cycles. She states that her leg pain has dropped from 6 level to 4 level with the addition of Gralise and she has been able to improve her sleep time some 20%. She has actually been able to go camping because of the improvement as a result of the Gralise." The patient has been utilizing Gralise (Neurontin) since at least 11/06/14 and appears to be benefiting from it. In this case, the treater has documented medication's efficacy in terms of pain reduction and functional improvement. This request appears to be reasonable and within guideline recommendations. Therefore, the request IS medically necessary.