

Case Number:	CM15-0214057		
Date Assigned:	11/03/2015	Date of Injury:	07/14/2010
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male patient, who sustained an industrial injury on 7-14-2010. The diagnoses include lumbar disc displacement, spinal stenosis without neuro claudication. Per the doctor's note dated 10-15-15, he reported back and leg pain, and numbness in the right lateral leg and foot, and pain in the left thigh. He rated his pain 4 out of 10. He reported taking oxycodone sparingly. Objective findings revealed well healed scars in the lumbar spine area, good range of motion of the lumbar spine, negative straight leg raise testing, non-antalgic gait, no focal weakness in the lower extremities. Medications have included: oxycodone, metformin, Prilosec, finasteride, zyrtec, Zocor, testosterone, Viagra. The treatment and diagnostic testing to date has included: MRI of the lumbar spine (5-27-15), medications, lumbar spine x-rays (8-6-15), lumbar surgery (date unclear). The treatment plan included a trial of Gralise for neuropathic symptoms. Current work status: not working. The request for authorization is for: Gralise (gabapentin) tablets 300mg, 1-2 at supertime, quantity 60 with one refill. The UR dated 10-23-2015: modified certification of Gralise (gabapentin) tablets 300mg, 1-2 at supertime, quantity 60 and no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise ER (extended release) 300mg, #60 with 1 refills: Overturned

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

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

Decision rationale: Gralise ER (extended release) 300mg, #60 with 1 refills. Gralise contains gabapentin. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007) Side." According to the records provided the patient had back and leg pain with numbness in the right lateral leg and foot, and pain in the left thigh. The patient has undergone lumbar spine surgery. There is a history of possible nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gralise ER (extended release) 300mg, #60 with 1 refills is medically appropriate and necessary for this patient.