

Case Number:	CM15-0045696		
Date Assigned:	03/18/2015	Date of Injury:	02/28/2013
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, West Virginia

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

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 55 year old female, who sustained an industrial injury on February 28, 2013. The injured worker had reported a right upper extremity injury. The diagnoses have included shoulder-hand syndrome, complex regional pain syndrome and psychophysiological disorder. Treatment to date has included medications, radiological studies, physical therapy, a home exercise program, psychosocial evaluations and a right-sided ganglion block. Current documentation dated January 28, 2015 notes that the injured worker complained of right upper extremity pain with associated color changes, temperature changes, swelling and sweating in the palm of the hand. The injured worker also reported continued right shoulder girdle pain. Physical examination of the right hand revealed the hand to be blanched, swollen, and sweaty. Examination of the right shoulder revealed a painful but full range of motion. The treating physician's recommended plan of care included Gralise 600 mg #60 with one refill for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #60 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states: Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Additionally, ODG states that Gabapentin 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. Based on the clinical documentation provided, there is evidence of neuropathic type pain and she has an ongoing diagnosis of CRPS type 1. The record notes that this IW relies on her medications for pain management, presumably she has adequate control when meds are in place. There is no documentation of a trial of gabapentin for her CRPS, but it is uncertain if the medication is intended for treating the CRPS or the upper arm neuropathic type pain. As this medication is recognized as a first line treatment for neuropathic pain I am reversing the prior decision and deem the request for gralise 600mg #60 to be medically necessary.