

<b>Case Number:</b>	CM15-0052417		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 39-year-old male, who sustained an industrial injury on 9/7/2006. The current diagnoses are left ankle sprain/strain, left ankle fracture, and status post open reduction with internal fixation of the left ankle. According to the progress report dated 2/20/2015, the injured worker complains of pain in the left ankle. The pain is rated 3-4/10 with medications and 6-7/10 without. The current medications are Vicodin and Gralise. Per notes, he had a gastric bypass 4 months prior and cannot take non-steroidal anti-inflammatory medications. Treatment to date has included medication management and surgical intervention. The plan of care includes Vicodin and Gralise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise (Gabapentin XR) 600mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.accessdata.fda.gov/drugwww.gralise.com](http://www.accessdata.fda.gov/drugwww.gralise.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "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 MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review indicates that the injured worker was given gabapentin 300mg #180 on 10/24/14. There was no documented failure of this medication. Furthermore, it was noted that the primary physician would change Gralise to standard gabapentin because the injured worker had a gastric bypass and the absorption of the long acting Gralise would be affected. In light of this, the request is not medically necessary.