

Case Number:	CM14-0120409		
Date Assigned:	09/24/2014	Date of Injury:	04/03/1998
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 64 year old male who was injured 4/3/1998. He was diagnosed with lumbago and lumbar degenerative disc disease. He was treated with various oral medications including anti-epileptic medication (Gabapentin), opioids, muscle relaxants, antidepressants, and NSAIDs. He was also treated with topical analgesics and lumbar epidural steroid injections. He was prescribed both generic Gabapentin and Gralise (extended release Gabapentin) to be used together. The worker was seen on 6/10/14 by his primary treating physician complaining of low back pain. He reported Gralise especially helping his persistent right leg numbness, which is intermittent. Physical examination reveals normal neurological findings. He was recommended to continue each of his medications including both gabapentin (generic) 300 mg once daily and Gralise (Gabapentin) 300 mg three daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg qty: 90, 3 p.o. QHS, 0 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsant) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, he had been using long-acting Gabapentin (Gralise) and then later began taking additional generic Gabapentin. It is unclear as to why it was medically necessary to choose Gralise over generic Gabapentin, according to the notes available for review. Also, there was no recent documented evidence from recent physical examination showing neuropathy. Therefore, the Gralise is not medically necessary without this documentation.