

Case Number:	CM14-0147502		
Date Assigned:	09/15/2014	Date of Injury:	09/30/1994
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 70-year-old male who reported a work related injury on 09/30/1994 due to an industrial injury. The injured worker's diagnoses included status post lumbar spine fusion and failed back surgery syndrome. The injured worker's past treatment included surgical intervention and medication management. The injured worker's diagnostic studies were not provided for review. The injured worker's surgical history includes failed back surgery, the specifics of this surgery were not provided for review. Upon examination on 08/19/2014, the injured worker complained of low back pain which radiated to his hips. The injured worker stated he was in so much pain, Dilaudid was not helping, and he had more relief with morphine. The injured worker stated his pain was a 5/10 to 6/10 on a visual analog scale (VAS) pain scale. Upon physical examination, it was noted that the injured worker had antalgic gait. The injured worker's prescribed medications include Dilaudid, Neurontin, and Gralise. The injured worker also has an intraspinal drug delivery system. The injured worker's treatment plan consisted of myelogram, transforaminal epidural steroid injections, discontinue Dilaudid, prescribe morphine, Gralise, and re request lumbar spine MRI. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise Starter Pack 300mg & 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Gralise started pack 300 mg and 600 mg is not medically necessary. The California MTUS Guidelines recommend the use of antiepileptic drugs such as Gralise for neuropathic pain or postherpetic neuralgia. The clinical documentation submitted for review does not provide any clinical findings to indicate that the injured worker's pain is neuropathic in nature. Additionally, the medical records provided for review indicate that there is a lack of documentation that the injured worker has been previously tried on gabapentin prior to consideration of this once a day treatment. Moreover, it is unclear why the injured worker has not been provided generic gabapentin. As such, the request for Gralise started pack 300 mg and 600 mg is not medically necessary.