

Case Number:	CM14-0148874		
Date Assigned:	09/18/2014	Date of Injury:	10/06/2008
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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 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:

This is a 49 year old female patient who sustained a work related injury on 10/06/2008. The diagnoses include chronic pain syndrome, trochanteric bursitis, left S1 lumbar radiculopathy, myofascial pain syndrome, low back pain, and sprain and strains of the sacroiliac ligament. Per the doctor's note dated 9/30/2014, patient had burning pain radiation down the lower extremities. Physical examination revealed antalgic gait, limited lumbar range of motion (ROM) - flexion 30 degrees, extension 10 degrees; a taut muscle band and trigger point in the left lower lumbar paraspinal region close to the left SI joint region, tender over the left SI joint and normal lower extremity motor and reflexes. The medication list includes Voltaren 1 percent gel, Diclofenac Sodium ER 100 mg, Gabapentin 600 mg, Tramadol Hcl 50 mg, Lidoderm patch 700 mg per patch, Omeprazole Dr 20 mg, Tizanidine Hcl 4 mg and Metformin Hcl 500 mg. She has had a lumbar epidural steroid injection and a left greater trochanteric bursa injection on 6/4/14. The patient had a urine drug screen done on 09/19/13 and 7/31/14 which was positive for Amphetamines and Methamphetamine. She has had urine drug screen on 4/17/14 with consistent result. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 30-day starter pack (300 mg, nine count, and 600 mg, 69 count), quantity of three:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 - 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, Generic Available) Page(s): 18-19.

Decision rationale: 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".Per the records provided patient had burning pain radiation down the lower extremities.The patient was already on generic Gabapentin for these symptoms. The response to generic Gabapentin was not specified in the records provided. Any problems or adverse effects with the use of generic Gabapentin in this patient were not specified in the records provided. The rationale for the use of Gralise versus generic Gabapentin was not specified in the records provided. It is deemed that the medical necessity of Gralise 30-day starter pack (300 mg, nine count, and 600 mg, 69 count), quantity of three was not established.