

Case Number:	CM14-0156959		
Date Assigned:	09/29/2014	Date of Injury:	09/19/1996
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 Ohio. 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 48 year old male with a date of injury of 4-19-1996. He had a lumbar laminectomy in 1999, physical therapy, and epidural steroid injections. He has complained of lower back pain radiating into the left lower extremity for which he takes Percocet and Motrin. The physical exam reveals tenderness to palpation of the lumbar paraspinal muscles, a positive straight leg raise on the left, numbness to the bottom of the left foot, and slight weakness of the left lower extremity muscles generally. The diagnoses include failed back surgery syndrome, lumbar degenerative joint and disc disease, lumbar facet disease, osteoarthritis of the knees, and depression. A trial prescription of Gralise (long acting Gabapentin) was given on 4-15-2014 and generic Gabapentin 300 mg was given on 5-13-2014. There seems to be no documentation of response to either medication specifically in subsequent notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise Starter Pack: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Gabapentin), Knee/Leg (Gralise)

Decision rationale: Gralise (Gabapentin Enacarbil extended release) is FDA approved for treatment of restless legs syndrome and post herpetic neuralgia. Gabapentin has been recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS. Statistically significant improvement was found in walking distance, pain with movement, and sensory deficit. 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. There is limited evidence to show that this medication is effective for acute pain, and for postoperative pain, where there is fairly good evidence that the use of Gabapentin and Gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. Also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. In this instance, there is no documentation that the worker has lumbar spinal stenosis. Additionally, the documentation does not reflect a response to either generic Gabapentin or Gralise. Gabapentin is not indicated for axial back pain and is not indicated for radiculopathy. Therefore, this request is not medically necessary.