MAXIMUS Federal Services

Case Number:	CM14-0164230		
Date Assigned:	11/13/2014	Date of Injury:	12/02/2011
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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:

The injured worker (IW) is a 51-year-old woman with a date of injury of December 2, 2011. The mechanism of injury is not documented in the medical record. According to the available documentation, the IW is being treated for chronic neck and shoulder complaints.Pursuant to the progress noted dated September 9, 2014, the injured worker's hand pain has remained decreased; nerve compression in her trapezius muscle continues to decrease. Shoulder range of motion is increased. The IW has been able to start rudimentary exercises under the supervision of a physical therapist. Objective physical findings include wrist pain with neck flexion, cervical pain with facet loading, and tenderness to palpation with taught bands and myofacial trigger points with twitch response. Shoulder range of motion provoked paresthesia in the arms, increased since last visit. The paraspinatus tendon pain remained on the right. There were increased muscle spasms of the scalene muscles supporting the right shoulder, bilateral scalene hypertrophy, and decreased bilateral upper extremity strength. The neurological portion of the examination demonstrated mild medial cord brachial plexus on the right, and trace on the left. There was mild radiating paresthesia provoked by scalene compression, trace on the right. The IW has been diagnosed with right upper extremity repetitive injury, bilateral shoulder sprain, bilateral carpal tunnel syndrome, and cervical sprain. Current medications include Celexa 40mg, Ranitidine 150mg, Gralise 300mg, Viibryd 40mg, and Norco 10/325mg. The provider notes that two tablets of Gralise 300mg nightly reduced neuropathic symptoms by over 50%. Plan recommendations include continuation of medications listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise ER 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Official Disability Guidelines, Gabapentin (Gralise) 300 #90 mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is an anti-epilepsy drug (AED). The guidelines define a good response to AED's as a 50% reduction in pain and a moderate response is a 30% reduction. In this case, the injured worker is being treated for chronic neck and shoulder complaints. The medical record shows pain reduction that supports the continued use of gabapentin at the present frequency. The documentation reflects Gralise (gabapentin) 300 mg two tablets provided an adequate reduction in symptoms by 50% (page 493 of the record). Based on the production, there is no clinical indication to increase the quantity #90 tablets (three tablets at bedtime). The injured worker should continue to travel to bedtime as it provides demonstrable relief compatible with the guidelines. Consequently, Gralise ER 300mg #90 is not medically necessary.