

Case Number:	CM14-0177995		
Date Assigned:	10/31/2014	Date of Injury:	11/01/2009
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury 11/1/09. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, sciatica, and right wrist pain. Subjective complaint includes constant, aching, sharp and shooting pain. Pain radiates from lower back to bilateral lower extremity. The patient has pain in the right hand and fingers. Pain is worse with movement and improved with medication and rest. The patient's average pain level is 7/10, without medications 9-10/10. Gabapentin is working for pain control although causing dizziness and disorientation. Patient stopped Gabapentin due to side effects. Objective complaints include: patient uses a cane as assistive device. There is tenderness to palpation over the cervical and lumbar spine. Deep tendon reflexes are 2+ and brisk in biceps, brachioradialis and triceps and both knees and ankles. There are 2-3 beats of clonus in both lower extremities. Treatment has consisted of lumbar epidural injections, acupuncture, hydrotherapy, and carpal tunnel surgery. Medications include Gabapentin, Edlvar, Morphine, Zubsolv, Buspirone, Estazolam, Temazepam, Sertraline, and Lidoderm patch. The utilization review determination was rendered on 10/3/14 recommending non-certification of Gralise 600 mg tab, extended release 2 tabs qHS for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600 mg tablet, extended release 2 tablets every night for 30 days, dispense 60 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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". Guidelines recommend Gabapentin as a first-line treatment for neuropathic pain and it has been shown to be effective for the treatment of neuropathy. Based on the clinical documentation provided, the patient's pain has been successfully treated with Gabapentin in the past. However, the patient experienced side effects from the generic Gabapentin (immediate release) form of the medication. The treating physician believes that will alleviate these side effects. Based on the medical documentation provided the request for Gralise 600mg tablet, extended release 2 tablets every night for 30 days, dispense 60 tablets is supported by guidelines. As such, the request for Gralise 600 mg tablet, extended release 2 tablets every night for 30 days, dispense 60 tablets is medically necessary.