

Case Number:	CM15-0110337		
Date Assigned:	06/16/2015	Date of Injury:	11/21/2000
Decision Date:	07/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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(n) 55 year old female, who sustained an industrial injury on 11/21/00. She reported pain in her neck, low back and left shoulder after being in a motor vehicle accident. The injured worker was diagnosed as having neck pain, left shoulder pain, low back pain and aberrant urine drug screen. Treatment to date has included psychiatric treatments and oral medications. Current medications include Trazodone, Valium, Prozac, Abilify and Gralise. As of the PR2 dated 5/27/15, the injured worker reports ongoing pain in the neck, low back and left shoulder. She is doing well with Trazodone and it decreases her pain by about 60%. She indicated that the Neurontin was not helpful. The treating physician noted no significant changes. The treating physician requested Gralise 600mg #90 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gralise (Gabapentin), Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs, also referred to as anti-convulsants), which 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. Gralise is frequently used when there is adverse reaction from the use of Gabapentin because of the slow release of the drug. There is no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no evidence of functional improvement from the previous use of Gralise. Therefore, the prescription of Gralise 600mg #90 with 1 refill not medically necessary.