

Case Number:	CM15-0114907		
Date Assigned:	06/26/2015	Date of Injury:	07/03/2010
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 63 year old female who sustained an industrial injury on 07/03/2010. Current diagnoses include status post L5-S1 lumbar fusion with some residual postoperative radiculitis and nerve irritation. Previous treatments included medications, facet rhizotomies, epidural injections, chiropractic, physical therapy, acupuncture, and lumbar fusion on 05/13/2015. Previous diagnostic studies include a lumbar spine MRI dated 12/12/2014. Initial injuries occurred due to cumulative trauma causing low back pain. Report dated 05/29/2015 noted that the injured worker presented with complaints that included continued low back pain and some left-sided leg pain. Pain level was not included. Physical examination was positive for tenderness in the paravertebral muscles and well healed incision site. The treatment plan included prescribing MS Contin, starting Gralise, refilled Percocet, discontinue Norco, and follow up in 4-6 weeks with x-rays of the lumbar spine for evaluation of the fusion. Disputed treatments include Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of gabapentin. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first line treatment for neuropathic pain. Documentation supports that the injured worker has neuropathic pain. There was no indication as to why the brand name (Gralise) was requested vs. the generic name (gabapentin). Per ODG formulary, Gralise is not recommended. Therefore, the request for Gralise 600mg, #30 is medically necessary.