

<b>Case Number:</b>	CM15-0118758		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 44 year old female who sustained a work related injury December 15, 2008. While on a forklift, it crossed over a puddle, hydroplaned and ejected her to a concrete floor. She experienced neck pain, upper and lower back pain with headache, and mild nausea. She was diagnosed with a neck/upper back/lower back/strain/contusion and left shoulder strain/contusion. Medication was prescribed and she returned to work on modified duty. Past history included s/p motor vehicle accident October 2006, non-industrial auto accident March 2009, s/p right lumbar discectomy April 2009, s/p exploration and removal of recurrent herniated nucleus pulposus with lysis of adhesions to the right L5-S1 March 2010, s/p anterior lumbar discectomy L5-S1, anterior interbody fusion with allograft, titanium plating, bone graft fusion and plate fixation L5-S1 August 2011, and hypertension. According to a physician's office visit, dated May 28, 2015, the injured worker presented for a follow-up visit with complaints of neck pain, bilateral shoulder pain, bilateral upper extremity pain, bilateral wrist pain, low back and upper back pain, headache, and bilateral hip and bilateral buttock pain. She underwent office-based buprenorphine detoxification without complication and has been stabilized on the medication without difficulty; 8mg-16mg in divided doses. She has received sacroiliac joint injections which provided minimal relief and cervical medial branch block for the cervical axial pain. In March 2015, she underwent diagnostic lumbar medial branch block which was highly indicative of lumbar facet syndrome. Diagnoses are cervicalgia and lumbosacral facet arthropathy. At issue, is the request for authorization for Gralise.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gralise 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Gralise) 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 also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. There is facart arthropathy but not radiculopathy. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.