

Case Number:	CM15-0176476		
Date Assigned:	09/17/2015	Date of Injury:	08/01/1992
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

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 51 year old female, who sustained an industrial injury on 8-1-92. The injured worker is undergoing treatment for cervicgia with radiculopathy, left shoulder pain, left arm pain and thoracic outlet syndrome. Medical records dated 8-26-15 indicate the injured worker complains of neck and shoulder pain radiating to jaw and down the arms. She rates the pain 8 out of 10. The note dated 8-26-15 indicates, "the patient has been continuing to note substantial benefit from medications." "The patient has been denied Gralise, Nucynta, Percocet with increased symptoms associated with the denial." Physical exam dated 8-26-15 notes cervical tenderness to palpation, myofascial pain with triggering and "severe muscle spasm which has improved with the use of Gabapentin." There is left shoulder impingement, tenderness to palpation and "abnormal Tinel's, ulnar nerve compression, Adison's and hyper abduction. Treatment to date, indicated at 8-26-15 visit, has included 3-26-03 magnetic resonance imaging (MRI) of the shoulder indicating degenerative changes, 10-27-95 cervical magnetic resonance imaging (MRI) indicating disc bulge, upper extremity electromyogram (8-28-12) showing left cubital tunnel syndrome and medication. The original utilization review dated 9-1-15 indicates the request for Gralise 800mg # 90 with 3 refills is non-certified noting efficacy of prior use of the medication was not provided as well as the frequency of the medication is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 800 mg QTY 90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of cervical radiculopathy. Therefore the request is medically necessary.