

Case Number:	CM15-0065988		
Date Assigned:	04/13/2015	Date of Injury:	12/27/2013
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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) 47 year old female, who sustained an industrial injury on 12/27/13. She reported pain in the lower back and right lower extremity related to a fall. The injured worker was diagnosed as having low back pain, lumbar discogenic pain, myalgia and right hip pain with possible trochanteric bursitis. Treatment to date has included a lumbar epidural injection, physical therapy, a lumbar MRI and pain medications. As of the PR2 dated 3/18/15, the injured worker reports 50% pain relief from epidural injection for 1 month. She still continues to have 7/10 low back and right lower extremity pain. The treating physician noted a positive straight leg raise test and tenderness over the paraspinal muscles. The treating physician had to discontinue Gabapentin because of sedation. The treating physician requested Gralise 600mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs
Page(s): 16-21.

Decision rationale: Gralise is a long-acting formulation of gabapentin with purported improved bioavailability over the generic gabapentin. Regarding request for the anti-epileptic drug in dispute, the Chronic Pain Medical Treatment Guidelines state that antiepileptic drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of sedation with generic gabapentin. Therefore, it is reasonable to attempt to trial Gralise, but a 4-month supply is too long for a trial. Given this, the currently requested medication is not medically necessary. The UR modification is not medically necessary.