

Case Number:	CM15-0070272		
Date Assigned:	04/20/2015	Date of Injury:	07/20/2007
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 52 year old female, who sustained an industrial injury on 7/20/2007. The current diagnoses are reflex sympathetic dystrophy of the upper limb and complex regional pain syndrome, type II, lower limb. According to the progress report dated 3/12/2015, the injured worker complains of pain in the bilateral arms, hands, and fingers, and posterior leg pain. She is doing worse. She is now having cramping, shooting pain in the lower limbs. Her pain is described as a constant, intermittent, aching, cramping, dull, sharp, burning, pressure-like, throbbing, tingling, pins and needles, and numb sensation. The pain is rated 9-10/10 on a subjective pain scale. The current medications are Norco, Savella, Gabapentin, Xanax, Tramadol, and Naproxen. Treatment to date has included medication management, X-rays, computed tomography scans, psychotherapy, and sleep study. The plan of care includes prescription refill for Galise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Galise 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pages 16-22. Gabapentin (Neurontin) Page 18-19. Decision based on Non-MTUS Citation FDA Prescribing Information Gralise (Gabapentin) <http://www.drugs.com/pro/gralise.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. A good response to the use of antiepilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. 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. Gabapentin (Neurontin) is an anti-epilepsy drug (AED). FDA Prescribing Information for Gralise (Gabapentin) reports that Gralise is indicated for the management of postherpetic neuralgia. Gralise is not interchangeable with other Gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration. Do not use Gralise interchangeably with other Gabapentin products. The progress report dated 3/12/15 documented that the patient is doing worse. The pain level is up to 9-10/10. Medications included Gabapentin. Diagnoses were reflex sympathetic dystrophy and complex regional pain syndrome. Per MTUS, there should be documentation of pain relief and improvement in function and improved outcomes for the continued use of anti-epilepsy drugs. Postherpetic neuralgia was not documented. The FDA indication for Gralise is postherpetic neuralgia. Per FDA guidelines, Gralise is not interchangeable with other Gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration. Do not use Gralise interchangeably with other Gabapentin products. The request for Gralise is not supported by FDA guidelines. Therefore, the request for Gralise is not medically necessary.