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| Case Number: | CM15-0070729 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 09/12/2010 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 03/23/2015 |
| 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: North Carolina, Georgia
 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 56 year old female who sustained an industrial injury on 09/12/2010 when a stool she was sitting on collapsed. The injured worker was diagnosed with cervical and lumbar sprain/strain and discogenic pain. Treatment to date includes diagnostic testing, activity and work modifications, physical therapy, lumbar facet joint blocks, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on March 13, 2015, the injured worker continues to experience right sided neck pain with tightness and low back and right leg pain. The pain interferes with her sleep. Examination demonstrated a non-antalgic gait. The injured worker has no shoulder girdle and pelvic girdle muscles are symmetric. Range of motion of the back reveals a flexion at 50 degrees and extension at 20 degrees. Her neck is protruded with shoulders rotated forward. Tenderness to palpation across the cervical, shoulder girdle, thoracic and lumbar musculature was present. Current medications are listed as Mobic and Ultram ER 100mg. Treatment plan consists of increasing Ultram ER, stretching exercises, urine drug screening and the current request for Gralise 600mg #90.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, neuropathic pain is demonstrated in the medical record and gabapentin might be indicated. However, there is no documentation of failure of immediate release gabapentin and without this there is no medical necessity for the branded Gralise product. The request is not medically necessary.