

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0096668 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 12/07/2000 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female, who sustained an industrial injury on December 7, 2000, incurring neck and back injuries. She was diagnosed with impingement syndrome of the shoulder, degeneration of the lumbar disc, lumbar radiculopathy and compression fracture. Treatment included home exercises, pain medications and neuropathic medications. Currently, the injured worker complained of chronic neck and low back pain, right shoulder pain and a new onset of pain at the left greater trochanter. The treatment plan that was requested for authorization included a prescription for Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury of 2000. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gralise 800mg #90 with 2 refills is not medically necessary and appropriate.