

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** FEBRUARY 12, 2015

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed medication Gralise 600MG, TID #90, refill X 2

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
959.01, 847.0, 840.9	Gralise 600MG, TID #90		Prosp	2			Xx/xx/xx		Overturned

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The Injured employee is a female who reported a work-related injury which occurred on xx/xx/xx. She slipped, fell, and reported the onset of neck and back pain. A cervical spine MRI was performed on April 26, 2012. The impression

1. There are degenerative changes with mild disc space narrowing at C4-C5 and moderate displaced narrowing at C6-C7 and C7-T1. There is a 2 mm retrolisthesis of C4-C5 and
2. There are multilevel posterior osteophyte formation/disc bulges, most pronounced at C4-C5 and C6-C7 with mild mass effect upon the anterior aspect of the spinal cord. Multilevel mild to moderate nerve root impingement noted.

A lumbar spine MRI was also performed on April 26, 2012. The impression

1. Mild anterolisthesis of L3 relative to L4 and L4 relative to L5 with bilateral facet arthropathy and posterolateral 3 mm disc protrusions on the left at both levels creating some mild stenosis with left greater than right-sided foraminal encroachment.

She was evaluated on January 17, 2013. Bilateral upper posterior neck, mid posterior neck, lower posterior neck, and left trapezius pain was reported. Left upper extremity pain was also reported. It was noted that treatment had included activity modification and medications. The physical examination revealed decreased sensation in the left C6 and C7 dermatomes. There was no weakness or atrophy in the upper extremities. Deep tendon reflexes were normal and symmetric, except for an absent left triceps reflex. Spurling's test was positive on the left. Flexion and extension of the cervical spine was painful. The impression made was cervical sprain/strain and cervical radiculopathy with disc displacement. Transforaminal epidural steroid injections on the left at C6 and C7 were recommended.

Injections were performed on January 30, 2013. No complications were reported. Upon re-evaluation on February 20, 2013, an initial response of 90% relief was reported with a continued response of 50% pain relief. A follow-up visit was scheduled and Lyrica was recommended.

The injured employee was evaluated on May 13, 2013. Complaints of ongoing pain in the neck, lower back, and right upper extremity were reported. It was noted that the injured employee was taking hydrocodone, Lyrica, Cymbalta, and Mobic with some pain relief. The list of medications also included gabapentin, Diovan, Ambien, a multivitamin, and vitamin E. It was determined that the injured employee has not yet reached Maximum Medical Improvement.

On June 26, 2013, the injured employee was evaluated. It was noted that 18 dates of chronic pain management had been attended and the injured employee had responded well. An additional 60 hours of treatment were recommended.

The injured employee was evaluated on November 4, 2013. Continued pain in the neck, arm, and low back was reported. The pain was rated at 5-8/10. The current medications included Meloxicam 7.5 mg, Cymbalta 30 mg, Lyrica 50 mg, Gralise 600 mg, and Norco. The musculoskeletal examination revealed normal strength, tone, and range of motion in all four extremities. A wide-based gait was noted with decreased cadence. Walking velocity was decreased. The gait was antalgic with a forward leaning posture. A compounded topical analgesic was added to the oral medications. It was noted that hydrocodone had been discontinued.

An evaluation was completed on March 25, 2014. It was determined that the compensable injury extended to include right wrist tenosynovitis, medial and lateral epicondylitis, impingement syndrome and tendinitis of the right shoulder, cervical arthropathy, disc degeneration and radiculopathy, and chronic pain.

A letter of clarification was completed on June 16, 2014. It was noted that the injured employee slipped and fell, during which her body became airborne and she fell backwards on hard ground, breaking the fall with a hyperextended left arm which transferred the fourth vertebra up through the left upper extremity to the neck. She then impacted the ground with her back which caused the whiplash effect to the neck. It was felt that the significant force resulted in severely traumatized discs and facet joints which became degenerative over time.

The injured employee was re-evaluated on July 2, 2014. The injured employee

reported that pain had become worse. The musculoskeletal examination revealed no deformity, malformations, or known fractures of the skull. There was painful rotation of the cervical spine. Pain medications were continued. Gralise 600 mg three times daily and Cymbalta 30 mg daily were continued upon re-evaluation on January 8, 2015.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division-mandated Official Disability Guidelines, Gralise is not recommended as there is no evidence to support its use for neuropathic pain conditions or Fibromyalgia without a trial of generic Gabapentin regular release; however, the medical evaluation indicated that the injured employee's medications included Gabapentin. The most recent medical records provided for review indicate that the injured employee reports improved symptom control with Gralise, and in light of the apparent failure of Gabapentin in the past, the request for Gralise 600 mg three times daily is supported.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES