

<b>Case Number:</b>	CM14-0112599		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 27 year old woman with a date of injury of 6/28/11. She underwent surgery to her left upper extremity on 1/17/14. She was seen by her pain physician on 6/25/14 with complaints left arm and hand pain. She was taking Cymbalta which was reducing her pain but causing her to feel 'a bit dizzy'. She was also using a topical compounded medication. Her exam showed full range of motion of her left elbow and shoulder. Hand grip strength was reduced and she had pain in the area of the extensor tendons of the thumb with a positive Tinel. Her assessment was persistent dysesthetic pain in her left hand. The treatment plan was to reduce the Cymbalta from 40mg to 20mg and continue the compounded cream. At issue in this review is the request for gralise 300mg for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 300mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic hand pain with limitations in strength noted on exam. Her medical course has included surgery and use of several medications including Cymbalta which was helping to relieve her pain. Gabapentin 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. The medical records fail to document why this medication is being substituted for Cymbalta which is effective though causing 'a bit' of dizziness. Similar side effects could occur with gralise. The medical necessity of gralise is not substantiated in the records.