

<b>Case Number:</b>	CM14-0050530		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 43 year old female who is reported to have injured her right shoulder, neck, lower back, right elbow, hip and right ankle when she was knocked down by a child who was riding a bicycle on 03/24/2010. The left ankle injury was complicated by chronic regional pain syndrome after surgery. She re-injured her neck and shoulder on 08/27/12 when a child bit her on the arm as a result of which she fell and twisted her neck. The injured worker has continued to experience pain in the affected areas, in addition to numbness in her upper limbs. Prior treatments include Flexeril, Gralise, Lyrica, Tizanidine, and a normal nerve studies on 11/2/2012; The cervical MRI of 10/30/2012 is unremarkable except for mild straightening, disc bulges and disc protrusions. The examination showed some limitation of neck range of motions, and normal shoulder range of motion. At the recommendation of a qualified medical examiner, she has received several epidural steroid injections; this provides some relief. She has been diagnosed of cervical radiculopathy; cervical degenerative disc disease (DDD), and her doctor requested for Gralise 300mg # 30; Gralise 600mg # 30, and Baclofen 10mg # 60, but these were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 300mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Anti-epilepsy drugs >, page(s) <16-19> Page(s): 16-19.

**Decision rationale:** The antiepileptic drugs are recommended for pain caused by nerve damage (neuropathic pain), especially post herpetic pain and Diabetic polyneuropathy. The MTUS recommends that after a trial period, the antiepileptic drugs could be continued when there is a documented 30-50% reduction in pain, and improvement of function, otherwise to switch to a different medication or combine with another medication. However, the mechanism of the injury in this worker, the MRI and nerve studies do not suggest the pain is neuropathic in origin. Also, although the doctor reported there is improvement, the reports did not state there has been up to 30% improvement. Consequently, since the presence of neuropathic pain and up to 30 % improvement have not been established, antiepileptic drugs are not medically necessary in this case.

**Gralise 600mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Anti-epileptic drugs>, page(s) <16-19> Page(s): 16-19.

**Decision rationale:** The MTUS recommends the anti-epileptic drugs for pain caused by nerve damage (Neuropathic pain), especially post herpetic pain and Diabetic polyneuropathy. The Mechanism of the injury in the injured worker, and the MRI and nerve studies do not suggest the pain is as a result neuropathic in origin. Furthermore, the MTUS recommends continuing the antiepileptic drugs when there is a documented 30-50% reduction in pain, and improvement of function, otherwise to switch to a different medication or combine with another medication. Although the doctor reported there is improvement, the reports did not state how much improvement was made with the Gralise. Therefore, the request for Gralise 600mg #30 is not medically necessary and appropriate.

**Baclofen 10mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The MTUS recommends Baclofen for the treatment of spasticity and muscle spasm of multiple sclerosis and spinal cord injuries. It is also recommend for individuals with paroxysmal neuropathic pain. The injured worker neither suffers from multiple sclerosis nor has paroxysmal neuropathic pain. Therefore, Baclofen is not medically necessary.