

<b>Case Number:</b>	CM15-0145586		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 60 year old male who sustained an industrial injury on 03-10-2011. Mechanism of injury occurred when he fell from a step ladder that was in a stairwell and fell down 15 steps. He had other industrial injuries in the 1980's, and in the 1990's he has metal filings in his eyes and in 2007 he injured his groin. Diagnoses include lumbar degenerative disc disease, multiple fractures of the left thorax and intercostal neuralgia and costochondritis symptoms persisting, rib fractures, cervical sprain-strain with underlying severe spondylitic change per Magnetic Resonance Imaging, left shoulder girdle sprain-strain with rotator cuff tear and chronic tendinopathy per Magnetic Resonance Imaging, cubital syndrome of the left elbow, triggering of the long finger, 3rd digit, history of headaches related to closed head injury with post concussive syndrome persistent, visual loss right eye due to industrial injury-he has had a total of six retinal detachment surgeries, and a complicated cataract surgery. Treatment to date has included diagnostic studies, medications, and multiple eye surgeries. Current medications include Norco, Savella, Opana and cyclobenzaprine and Zolpidem. He is not working. On 02-12-2015 a Magnetic Resonance Imaging of the lumbar spine showed vertebral body hemangioma at L2-L3 level; borderline segmental stenosis L3-4 with minimal foraminal narrowing and lateral recess narrowing; a broad based posterior disc protrusion at L4-5 with right greater than left lateral recess and foraminal narrowing; and significant facet arthropathy at L3-4 and L4-5. A physician progress note dated 06-25-2015 documents the injured worker continues to complain of severe neck pain, shoulder pain, and low back pain that radiates to both legs. He also has pain in the left rib cage area. He has ongoing visual impairment. On this date he rates his pain as 8

out of 10, and at best his pain is 4 out of 10 with medications, and at its worst without medications his pain is rated 10 out of 10. He reports his pain is reduced by 50% and he has a 50% increase in functional improvement with his medications. Cervical range of motion is limited and cervical compression causes neck pain but does not radiate. Lumbar range of motion is limited and he has sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. There is an absent right Achilles reflex. Left shoulder exam reveals limited range of motion with positive impingement with crepitus on circumduction passively. Left elbow reveals positive Tinel's sign at the ulnar groove. There is sensory loss to light touch and pinprick extending in the 4th and 5th digits. The treatment plan includes refilling his medications Norco, Opana ER, Zipsor, and Lunesta. He is to continue with his medications-it keeps him functional. He is under a narcotic contract and urine drug screens have been appropriate. Treatment requested is for Gralise 600mg quantity 90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gralise 600mg quantity 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, Pain, Gralise.

**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. 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 Gralise has not resulted in any functional benefit and medical necessity has not been established. The Gralise 600mg quantity 90 is not medically necessary and appropriate.