

<b>Case Number:</b>	CM15-0181764		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 46 year old female who sustained an industrial injury on 11-20-11. A review of the medical records indicates she is undergoing treatment for pain in right shoulder joint and disorders of the sacrum, as well as anxiety and depression. Medical records (4-8-15 to 8-19-15) indicate ongoing complaints of right shoulder and low back pain. She has also complained of right thumb pain, which radiates to the lateral and radial aspect of the wrist with associated numbness (8-4-15), as well as psychiatric complaints of anxiety and depression. The records indicate that she underwent surgery on her right thumb in 2013 and privately pays to see a psychiatrist regarding her anxiety and depression (8-4-15 and 8-19-15). She is currently working, but decreased the number of hours per week from 36 to 24 hours per week on 8-4-15. The physical exam (8-19-15) indicates that the injured worker reports that she "feels like the shoulder is out of joint and she needs to pop it back into place", in reference to right shoulder pain. The exam reveals "normal muscle tone without atrophy" of bilateral upper and lower extremities. Right upper extremity arm abduction is noted at "4 out of 5". Otherwise, range of motion is noted to be within normal limits of upper and lower extremities. Tenderness and spasm is noted to palpation over the right trapezius musculature. There is noted pain with forward flexion and abduction of the right shoulder "over 120 degrees". Positive crepitus is noted in the right shoulder. Diagnostic studies have included an EMG of bilateral upper extremities, an MRI of the (undisclosed level) spine, x-rays of bilateral hips, EMG of bilateral lower extremities, MRI of the right shoulder, X-rays of TMJ, MRI of the lumbar spine, MRI of the right thumb, and MRI of the cervical spine. Treatment has included surgery on the right

thumb and medications. Her current medications include Motrin, Buspar, Trazadone, Gralise, Topiramate, Venlafaxine, Tizanidine, Betamethasone, Calcium, Colace, Metrocream, Excedrin, Vitamin B, Vitamin E, and Valium. She has been noted to be taking Gralise, at least, since 4-8-15. Treatment recommendations on 8-19-15 included a request for authorization of chiropractic treatments of the right shoulder. The request for authorization (8-24-15) includes "2 Gralise 300mg, 1 tablet at bedtime after eating, #30". The utilization review (8-27-15) indicates modification of the request to Gralise 300mg, #30, with no refills to allow for weaning, as there is "no documentation providing objective evidence of functional gain associated with the medication use".

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

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

**Gralise 300 mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents on 08/19/15 with unrated right shoulder and lower back pain. The patient's date of injury is 11/20/11. The request is for Gralise 300 mg #30 with 2 refills. The RFA is dated 08/24/15. Physical examination dated 08/19/15 reveals tenderness to palpation of the right shoulder and right hand. The remaining examination is unremarkable. The patient is currently prescribed Motrin, Buspar, Trazodone, Topamax, Betamethasone, Calcium, Colace, Excedrin, Metrocream, Vitamin B/E, Valium, Gralise, Buspar, and Venlafaxine. Patient is currently working full duties. MTUS Guidelines, Gabapentin section on pg 18, 19 has the following: Gabapentin -Neurontin, Gabarone, generic available-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. MTUS Guidelines, Medications for chronic pain section, page 64 also states: A record of pain and function with the medication should be recorded, when medications are used for chronic pain. In regard to the continuation of Gralise for this patient's neuropathic pain, the requesting physician has not provided adequate documentation of analgesia. This patient has been prescribed Gralise since at least 05/14/15. Progress report dated 08/19/15, which is associated with this request, does not address the efficacy of this patient's analgesic medications. There is a discussion regarding this patient's psychiatric medication efficacy, however analgesia is not addressed. Given this patient's presentation, this medication would generally be considered a first-line treatment modality. However, MTUS guidelines require at least some clear documentation of medication efficacy to substantiate continuation. In this case, no such clear documentation is provided. Therefore, the request is not medically necessary.