

<b>Case Number:</b>	CM15-0183359		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Emergency Medicine

### 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 41 year old female, who sustained an industrial injury on August 14, 2012, incurring bilateral elbow injuries. She was diagnosed with fractures of both elbows after a fall. She suffered associated nerve and tissue damage. Treatment included physical therapy, bracing, splinting, joint injections, pain medications, neuropathic medications and restricted and modified activities. Currently, the injured worker complained of bilateral arm pain radiating into the elbows and down into the hands. She rated her pain 5-6 out of 10 on a pain scale from 1 to 10. She noted sharp, stabbing, burning pain with tingling in her hands. The increased pain interfered with functional mobility and activities of daily living. The pain worsened with fatigue and coldness. The pain was made better with massage and medications. The injured worker underwent carpal tunnel surgery on March 13, 2015. Treatment included anti-inflammatory drugs, pain medications, antidepressants and anti-anxiety medications. The treatment plan that was requested for authorization on September 17, 2015, included prescriptions for Gralise 600mg, #90 and Norco 10-325mg, #30. On August 18, 2015, a request for prescriptions for Gralise and Norco was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Knee Chapter.

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

**Decision rationale:** The requested Gralise 600mg #90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has bilateral arm pain radiating into the elbows and down into the hands. She rated her pain 5-6 out of 10 on a pain scale from 1 to 10. She noted sharp, stabbing, burning pain with tingling in her hands. The increased pain interfered with functional mobility and activities of daily living. The pain worsened with fatigue and coldness. The pain was made better with massage and medications. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gralise 600mg #90 is not medically necessary.

**Norco 10/325mg #30:** 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): Opioids for chronic pain.

**Decision rationale:** The requested Norco 10/325mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral arm pain radiating into the elbows and down into the hands. She rated her pain 5-6 out of 10 on a pain scale from 1 to 10. She noted sharp, stabbing, burning pain with tingling in her hands. The increased pain interfered with functional mobility and activities of daily living. The pain worsened with fatigue and coldness. The pain was made better with massage and medications. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #30 is not medically necessary.