

<b>Case Number:</b>	CM14-0134484		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine. And is licensed to practice in New Jersey. 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 patient is a 37-year-old woman who sustained a work related injury on February 9, 2009. Subsequently, she developed chronic right upper extremity pain. Surgical history includes carpal tunnel release and DeQuervain's release. According to a progress report dated July 7, 2014 reports the patient presented with complaints of chronic right upper extremity pain. She reports concerning symptoms with new onset headaches over the last 2 months. The patient reports her headaches being located over the temporal, more right than left. She has persistent nausea and vomiting, which is not new or worsened since she was diagnosed with irritable bowel syndrome in the past. Her physical examination revealed diminished light touch sensation in the C6 on the right side dermatomal distribution. Examination of the bilateral upper extremities revealed range of motion of the wrist was within normal limits except for flexion, which was limited to 50 degrees, and in extension limited to 30 degrees. Motor strength was mildly reduced in the right grip. The patient was noted to have hyperalgesia and mottling over the right forearm and wrist in a nondermatomal distribution. The patient was diagnosed with complex region pain syndrome, type I, and tension-type headache. Prior treatment included activity modification, medication management, physical therapy, and home exercise program. The patient medication regimen included Bupropion, Cephalexin, compound medication, diclofenac potassium, gabapentin, Gralise ER, Levora, lidocaine patch, Ondansetron, and sumatriptan. The provider requested authorization to use Gralise and Bupropion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupropion HCL 100mg #30 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BUPROPION Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there no documentation of pain and functional improvement with previous use of Wellbutrin. Based on the above, the prescription of Bupropion HCL 100mg #30 is not medically necessary.

**Gralise 600mg extended release #45 2 refills:** 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 GABAPENTIN Page(s): 49.

**Decision rationale:** According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-consultants), which 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 patient sustained a neuropathic pain that could be treated by Gabapentin combined to his current medications. However there is no prior documentation of efficacy of gabapentin Gralise is frequently used when there is adverse reaction from the use of Gabapentin because of the slow release of the drug. Therefore, the prescription of Gralise 600mg #45 is not medically necessary.