

<b>Case Number:</b>	CM15-0093973		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/15/1996
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Hawaii  
 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 53 year old female injured worker suffered an industrial injury on 07/15/1996. The diagnoses included chronic regional pain syndrome, dystonia of the left 5th finger related to left ulnar neuritis. The injured worker had been treated with medications. On the treating provider reported left hand pain at 5/10 with medications and 8/10 without medications. She still had spasm of fingers and hands were locking up with diminished sensation. The treatment plan included Gralise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise (Gabapentin) 600mg #30 x 2 refills:** Overturned

**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:** The patient has persistent burning pain, and cramping along with dystonia in both hands. She is status post bilateral carpal tunnel release with a current diagnosis of CRPS.

The current request is for Prospective Gralise (Gabapentin) 600mg #30 x 2 refills. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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. 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, treatment notes dated 12/4/14, and 2/4/15 indicates Gralise helps with hand function and decreases pain and spasm by 50%. Highest pain level 9, lowest 4, average 5/10 with meds and 8/10 without. The documentation establishes medical necessity and as such, recommendation is medically necessary.