

Case Number:	CM13-0037180		
Date Assigned:	12/13/2013	Date of Injury:	04/24/2003
Decision Date:	03/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 45 year old woman who sustained a work related injury April 24 2003. She subsequently developed with chronic back pain. According to the progress notes of August 14, 2013, the patient continued to have severe back pain with worsening of function despite spinal cord stimulator and the use of pain medications including hydrocodone and Neurontin. Her physical examination showed tenderness of the lumbar spine with reduced range of motion. She was diagnosed with failed back surgery syndrome and depression. Her provider requested authorization to use the medication mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 prescription of Hydrocodone/APAP 10/325mg #192: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Hydrocodone/APAP 10/325mg). The patient was reported to have severe pain with function worsening despite the use of current medications including hydrocodone. There no clear documentation of the need for ongoing use of

Hydrocodone/APAP 10/325mg. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Hydrocodone/APAP 10/325mg. Therefore, the prescription of Hydrocodone/APAP 10/325mg #192 is not medically necessary at this time.

Decision for 1 prescription of Senna-S #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: According to ODG guidelines, Senna is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation and if the first line measurements were used. Therefore the use of Senna-S #120 is not medically necessary.

Decision for 1 prescription of Gabapentin 200mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: According to MTUS guidelines, <<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.>> There is no clear evidence that the patient pain responded to Neurontin. The patient continued to have severe pain with altered function despite the use of current medications including Gabapentin. Therefore, the prescription of Gabapentin 200mg #90 is not medically necessary