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| Case Number: | CM14-0003869 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 03/04/2011 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Physical Medicine & Rehabilitation 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 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:

According to the records made available for review, this is a 68-year-old female with a 3/4/11 date of injury. At the time of request for authorization (12/11/13) for prospective request for 30 Cymbalta 60 mg, prospective request for 90 Gabapentin 300mg, and 60 Colace 100 mg between 12/11/2013 and 1/30/2014, there is documentation of subjective (low back, left lower extremity, and left hip pain, as well as anxiety) and objective (antalgic gait, restricted and painful range of motion, and tenderness to palpation over the lumbar spine) findings, current diagnoses (left hip osteoarthritis), and treatment to date (medications (including on-going treatment with Celebrex and Gabapentin since at least 8/22/12 as well as colace (with improvement of constipation due to opiates))). Medical reports identify that patient's pain worsened following a ten week trial of Gabapentin. Regarding prospective request for 90 Gabapentin 300mg, there is no documentation of neuropathic pain and functional benefit with previous use. Regarding Colace, there is no documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use).

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEURONTIN Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). Within the medical information available for review, there is documentation of a diagnosis of left hip osteoarthritis. However, there is no documentation of neuropathic pain. In addition, given documentation that patient's pain worsened following a ten week trial of gabapentin, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 90 Gabapentin 300mg is not medically necessary.

COLACE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; INITIATING THERAPY Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that prophylactic treatment of constipation should be initiated. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of left hip osteoarthritis. In addition, there is documentation of ongoing treatment with Colace. However, despite documentation of improvement of constipation due to opiates as a result of Colace use to date, there is no documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use). Therefore, based on guidelines and a review of the evidence, the request for 60 Colace 100 mg is not medically necessary.