

Case Number:	CM14-0004748		
Date Assigned:	02/28/2014	Date of Injury:	04/20/2009
Decision Date:	07/03/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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 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 67-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and right shoulder pain associated with an industrial injury date of April 20, 2009. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of pain on bilateral wrist, right shoulder, bilateral foot, and right knee. On physical examination of the right shoulder, tenderness was noted, with increase in range of motion (ROM). MRI of the shoulders done on August 16, 2010, showed complete tear of the rotator and biceps tendon. Treatment to date has included acupuncture, physical therapy, corticosteroid injections, Vicodin, Voltaren, Relafen, Tylenol, gabapentin, Colace, and carpal tunnel release. Utilization review from December 27, 2013, denied the request for retrospective Neurontin #180, because there was no documentation that the patient experiences neuropathic pain, either subjectively or objectively. The request for retrospective Colace, 100mg #120 was also denied because available documentation fails to indicate that the patient is experiencing constipation or constipation like side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NEURONTIN #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 16-17.

Decision rationale: As stated on page 16-17 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, patient has carpal tunnel syndrome corroborated by symptoms of bilateral wrist pain associated with tingling and numbness sensation. She reported pain relief with the use of Gabapentin. However, dosage and frequency of intake were not clearly specified in this request. Therefore, the request for Neurontin #180 dispensed on 12/11/2013 was not medically necessary.

RETROSPECTIVE COLACE 100MG #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA); University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate); Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. On page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines it states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, patient is on codeine and paracetamol (Tylenol) and likewise reports symptoms of constipation. Guideline criteria were met. Therefore, the request for Colace 100mg #120 dispensed on 12/11/2013 was medically necessary.