

Case Number:	CM14-0011523		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2011
Decision Date:	07/21/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 45-year-old female with an 8/20/11 date of injury. Per a progress note dated 12/12/13 the patient is noted to be on Vicodin 10/325 1-2 tables QID prn pan, Pantoprazole, and Tramadol PRN pain. The patient complained of low back pain, 8/10, with radiation down the right leg. The patient's pain level was noted to be unchanged. Exam findings revealed limited range of motion of the L spine and paravertebral spasms. Straight leg raise was positive on the left, ankle jerk was on the left, and patellar jerk was 2/4 on the left. The diagnosis was thoracic and LS neuritis or radiculitis NOS and spinal stenosis of the lumbar region. Treatment to date: medications, CBT x4A UR decision dated 1/21/14 denied the request for Gabapentin given there was no evidence of documented efficacy of this medication. With regard to Sennoside, the request was denied as the request was not in the progress notes and the ingredients were not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNOSIDE 8.6 MG QTY: 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps To Take Before A Therapeutic Trial Of Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Senna.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Senna is indicated for short-term treatment of constipation; preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The patient is noted to be on chronic opiates, and use of a GI bowel regimen is reasonable for GI prophylaxis of constipation. Therefore, the request for Sennoside was medically reasonable.

GABAPENTIN 600 MG QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient is noted to have been on this medication long term with little significant decrease in pain on VAS and documented gain of function. Although the patient complains of radicular pain, there is no documentation of long term benefit with this medication. Therefore, the request for Gabapentin as submitted was not medically necessary.