

<b>Case Number:</b>	CM14-0019251		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/23/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Family Practice and is licensed to practice in Texas. 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:

Based on the medial records provided fore the claimant has been on this medication for prophylactic constipation due to opioid usage. The MTUS Guidelines do recommend the use of stool softners along with Opioids. However, the concurrent request for opioids (Norco) was not found to be medically necessary. Therefore, the request for 60 Tablets of Senokot-S is not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 TABLETS OF SENOKOT-S:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Based on the medial records provided fore the claimant has been on this medication for prophylactic constipation due to opioid usage. The MTUS Guidelines do recommend the use of stool softners along with Opioids. However, the concurrent request for opioids (Norco) was not found to be medically necessary. Therefore, the request for 60 Tablets of Senokot-S is not medically necessary and appropriate.

**60 TABLETS OF GABAPENTIN 600MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

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

**Decision rationale:** The MTUS California Chronic Pain Medical Treatment guidelines recommend Gabapentin as a first-line treatment for neuropathic pain. The MTUS guidelines also state a good response to the use of anti-epilepsy drugs are defined as a 50% reduction in pain and a moderate response as a 30% reduction. The MTUS guidelines also recommend 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 progress noted reported the claimant was utilizing 300mg of Gabapentin three times a day and his pain medication was working. Furthermore, there is not a numerical value placed on pain relief or functional improvement. Therefore, the request for 60 tablets of Gabapentin 600 mg is not medically necessary and appropriate.

**60 TABLETS OF NORCO 10/325: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines recommend the pain assessment should include, a current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it take for pain relief, and how long pain relief lasts. The progress note reported the employee is waiting for authorization for epidural steroid injections. The employee has been on Norco for over 6 months with no documentation of pain relief or improved functional status while on the medication. Therefore, the request for 60 tablets of Norco 10/325 is not medically necessary and appropriate.