

Case Number:	CM14-0115899		
Date Assigned:	08/04/2014	Date of Injury:	05/03/1997
Decision Date:	10/01/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 65-year-old male who reported an injury on 05/03/1997. The mechanism of injury was not noted within the review. His diagnosis was noted to be right shoulder pain. He was noted to have diagnostic image studies. Prior surgical history was not provided. On 06/25/2014, the injured worker had subjective complaints of right shoulder pain. He states, with medications his pain level is a 6 on a scale of 1 to 10. He indicated that his sleep was poor. A review of systems notes gastrointestinal system with no change in appetite, no change in bowel habits. His medications were noted to be OxyContin, Norco, Gabapentin, Celebrex, Celexa, Colace, Flexeril, Senna and Silenor. The objective findings revealed an awkward gait that was slow and assisted by crutches. There was tenderness noted in the biceps groove of the right shoulder. Movement was restricted with flexion and limited to 45 degrees with pain, extension limited to 10 degrees, abduction limited to 40 degrees with pain, passive elevation was limited to 45 degrees and also limited by pain. Hawkin's test was positive. Neer's test was positive. Drop arm test was also positive. The treatment plan included medication refills. The provider's rationale was noted within the request. A Request for Authorization form was not provided for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Tablet SIG: Take 1/2-1 twice daily QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs): Gabapentin Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). Gabapentin is an anti-epilepsy drug (AEDs also referred to as anticonvulsants) which has been shown to be effective for diabetic neuropathy and postherpetic neuralgia and considered as a first line treatment for neuropathic pain. The evaluation submitted for review fails to provide an adequate neurological assessment. It is not documented within the exam if prior use of gabapentin has been effective. Based on the evaluation it is unclear that the injured worker has neuropathic pain and due to prior use of Gabapentin without documented efficacy the medication appears to be not medically necessary. Therefore, Gabapentin 600 mg tablet SIG: Take half to 1 twice daily quantity 60 is not medically necessary.

Colace 100 mg Capsule SIG: Take 1 capsule two times a day QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy: prophylactic treatment of constipation Page(s).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do recommend prophylactic treatment of constipation to be initiated when initiating opioid therapy. The evaluation provided for review does not indicate the injured worker with constipation. In addition, it does not document an initiation of a new opioid. As such, the request for Colace 100 mg capsule SIG: Take 1 capsule 2 times a day quantity 60 is not medically necessary.

Senna SIG: Take 1-2 tablets at bedtime as needed for constipation QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Opioid-Induced Constipation Treatment

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do recommend prophylactic treatment of constipation to be initiated when initiating opioid therapy. The evaluation provided for review does not indicate the injured worker with constipation. In addition, it does not document an initiation of a new opioid. Therefore, the request for Senna

SIG: Take 1 to 2 tablets at bedtime as needed for constipation quantity 60 is not medically necessary.