

Case Number:	CM14-0121287		
Date Assigned:	08/06/2014	Date of Injury:	10/27/2002
Decision Date:	09/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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:

According to the records made available for review, this is a 42-year-old female with a 10/27/02 date of injury. At the time (6/16/14) of request for authorization for Gabapentin Refill 3 Times and DSS Refill 3 Times (No Full Name Given), there is documentation of subjective (knee, neck, and mid back pain) and objective (tenderness over the bilateral trapezius and high mid thoracic area, spasms on bilateral lower cervical spines and bilateral scapulas, and restricted scapular range of motion) findings, current diagnoses (degeneration of cervical intervertebral disc, postlaminectomy syndrome of cervical region, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, cervicgia, brachial neuritis, lumbago, spasm of muscle, cervical facet joint pain, and constipation), and treatment to date (medications including ongoing treatment with Soma, Gabapentin, and DSS) and physical therapy). Medical report identifies that medications allow the patient to perform work and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Refill 3 Times: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (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). MTUS-Definitions 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. Within the medical information available for review, there is documentation of diagnoses of degeneration of cervical intervertebral disc, postlaminectomy syndrome of cervical region, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, cervicalgia, brachial neuritis, lumbago, spasm of muscle, cervical facet joint pain, and constipation. In addition, there is documentation of neuropathic pain and ongoing treatment with Gabapentin. Furthermore, given documentation that Gabapentin allows the patient to perform work and activities of daily living, there is documentation of functional benefit and improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin Refill 3 Times is medically necessary.

DSS (Docusate Sodium) Refill 3 Times: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS; INITIATING THERAPY Page(s): 77. Decision based on
Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation,
w w w . d r u g s . c o m / p p a / d o c u s a t e .

Decision rationale: An online search identifies that DSS is Docusate sodium. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which DSS is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of DSS. MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions 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. Within the medical information available for review, there is documentation of diagnoses of degeneration of cervical intervertebral disc, postlaminectomy syndrome of cervical region, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, cervicalgia, brachial neuritis, lumbago, spasm of muscle, cervical facet joint pain, and constipation. In addition, there is documentation of ongoing treatment with DSS. Furthermore, there is documentation of a diagnosis/condition for which DSS is indicated (short-term treatment of constipation). Lastly, given documentation that DSS allows the patient to perform work and

activities of daily living, there is documentation of functional benefit and improvement as a reduction in work restrictions and an increase in activity tolerance as a result of DSS use to date. Therefore, based on guidelines and a review of the evidence, the request for DSS (Docusate Sodium) Refill 3 Times is medically necessary.