

Case Number:	CM14-0176758		
Date Assigned:	10/30/2014	Date of Injury:	05/03/1997
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Interventional Spine 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 65 year old with an injury date on 5/3/97. Patient complains of continuing right shoulder pain rated 5/10 with medications and 7/10 without medications per 5/28/14 report. Patient has no new side effects, problems, or new injuries per 6/25/14 report. Based on the 7/15/14 progress report provided by [REDACTED] the diagnosis is right shoulder pain. Exam on 7/15/14 showed "right shoulder range of motion restricted, especially in extension at 10 degrees." Patient's treatment history includes a negative urine drug screen, appropriate CURES report, normal liver and kidney function in hepatic/renal function panel, and MRI right shoulder in 2006 showing mild glenohumeral joint arthritis, and tendinosis of subscapularis and supraspinatus tendon tear. [REDACTED] is requesting Colace 100mg #60, Celebrex 200mg #30, 3 refills, and gabapentin 600mg #60. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/8/14 to 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Topic: Opioid-induced constipation treatment

Decision rationale: This patient presents with right shoulder pain. The treater has asked for Colace 100mg #60 on 7/15/14. Patient has been on Colace since 6/25/14 report. Patient is also currently taking Senna, which he has been on since 1/8/14. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the patient is on opioids and prophylactic treatment of constipation is indicated. However, there is no discussion regarding the necessity of taking 2 drugs for constipation, and no documentation about the effectiveness since patient began taking Colace since 6/25/14. The requested Colace 100mg, #60 is not indicated at this time. The request is not medically necessary.

Celebrex 200mg, #30 with 3 refills.: Upheld

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 Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for Celebrex 200mg, #30, 3 refills on 7/15/14. Patient has been taking Celebrex since 1/8/14. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been taking Celebrex for 6 months without documentation of efficacy. MTUS pg. 60 states that "a record of pain and function with the medication should be recorded." Review of reports show no documentation that Celebrex has been effective. The request is not medically necessary.

Gabapentin 600mg, #60: Upheld

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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for Gabapentin 600mg, #60 on 7/15/14. Patient has been taking Gabapentin since 1/8/14. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate

documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA (tricyclic antidepressants), SNRI (serotonin-norepinephrine reuptake inhibitor) or AED (antiepilepsy drug) are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS (complex regional pain syndrome), fibromyalgia, and lumbar spinal stenosis. In this case, the patient has been taking Gabapentin for 6 months without documentation of efficacy. Regarding medications for chronic pain, MTUS pg. 60 states treater must keep a record of pain and function. The requested gabapentin 600mg, #60 is not indicated. The request is not medically necessary.