

Case Number:	CM14-0069537		
Date Assigned:	07/14/2014	Date of Injury:	08/25/2008
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 08/25/2008, after lifting a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy and multiple medications. It was noted within the clinical documentation that the injured worker was a surgical candidate for the shoulder and a candidate for epidural steroid injections; however, the injured worker wished to avoid invasive procedures. The injured worker was evaluated on 04/07/2014. It was noted that the injured worker had continued pain complaints that were managed with medications. It was noted that the injured worker had constipation with medications, and an increase in gastritis secondary to medication usage. The injured worker's medications included nabumetone, Butrans 10 mcg per hour, Prilosec 20 mg, and gabapentin. Physical findings included well-nourished, well-developed injured worker with no cardiorespiratory distress or need for assisted ambulation. The injured worker's diagnoses included abdominal pain in the right lower quadrant, status post right inguinal hernia repair, pain in shoulder joint, and lumbago. The injured worker's treatment plan included continuation of medications as prescribed. A Request for Authorization for Docusate sodium, gabapentin 600 mg, Butrans patches, and Prilosec 20 mg was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Butrans 10mcg #4 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids for chronic pain; Opioids, criteria for use; Weaning of Medications. Decision based on Non-MTUS Citation Official disability Guidelines, Pain (Chronic), Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing documentation of pain relief and functional benefit resulting from the use of medications that manage chronic pain. California Medical Treatment Utilization Schedule does support the use of this medication for the management of chronic pain. However, the request includes 3 refills. This does not allow for timely re-assessment and documentation of efficacy to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the prospective request for 1 prescription for Butrans 10 mcg #4 with 3 refills is not medically necessary or appropriate.

Prospective request for 1 prescription for Prilosec DR 20mg # 60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker reports gastritis with the use of medications. Therefore, the use of Prilosec would be indicated in this clinical situation. However, the request includes 3 refills. This does not allow for timely re-assessment of efficacy to support the continued use of this medication. As such, the requested 1 prescription for Prilosec DR 20 mg #60 with 3 refills is not medically necessary or appropriate.

Prospective request for 1 prescription for Gabapentin 600mg # 30 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16.

Decision rationale: The request for 1 prescription for gabapentin 600 mg #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of anticonvulsants be supported by documented functional

benefit and at least 30% pain relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief to support that the injured worker receives at least 30% pain relief. There is no documentation of functional benefit to support continued use of this medication. Also, the request includes 3 refills. This does not allow for timely re-assessment of efficacy to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for 1 prescription of gabapentin 600 mg #30 with 3 refills is not medically necessary or appropriate.

Prospective request for 1 prescription for Docusate sodium 100mg # 60 with 3 refills.:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51p. (44 references).

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

Decision rationale: The request for 1 prescription of Docusate sodium 100 mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend prophylactic treatment for constipation when using opioids. The clinical documentation does support that the injured worker complains of constipation as a result of the use of medications. However, the request is for 3 refills. This does not allow for timely re-assessment or re-evaluation to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the prospective request for 1 prescription for Docusate sodium 100 mg #60 with 3 refills is not medically necessary or appropriate.