

Case Number:	CM14-0093555		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2010
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records presented for review indicate that this 51 year old female was reportedly injured on March 11, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of low back pain radiating down the right lower extremity. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and spinous processes from L4 through S1, decreased lumbar spine range of motion secondary to pain, neurological examination noted decreased strength in the extensor muscles of L4 through S1, and a positive straight leg test bilaterally. Diagnostic imaging studies of the lumbar spine show mild disc desiccation at L4 to L5 and a broad based left sided disc protrusion without nerve compression. Previous treatment is unknown. A request was made for Gabapentin, Butrans patches, Tylenol with Codeine #3, and Senna Docusate and was not certified in the preauthorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180, Sixty Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence that the injured employee has any neuropathic pain however this medication was prescribed for an extended period of time and there is no documentation of its efficacy. As such, this request for Gabapentin 600 milligrams is not medically necessary.

Butrans 10mcg/hr patch, #4, Refills x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.

Tylenol with Codeine #3, #60, Refills x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Tylenol #3 is a medication containing Codeine and is recommended as an option for the treatment of mild to moderate pain. Tolerance as well as psychological and physical dependence may occur with this medication. A review of the available medical records does not indicate that the injured employee has had decrease pain or increased ability to function or perform activities of daily living with the usage of this medication. As such, this request for Tylenol with Codeine #3 is not medically necessary.

Senna Docusate, #120, 60 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SENNA PLUS (docusate sodium and sennosides) tablet - <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=16b2ff3b-0a96-4521-9b41-c7adcee27f8b>.

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

Decision rationale: Senna Docusate is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for the injured employee. There is documentation of narcotic usage; however, there is no documentation of constipation side effects. Colace is also available as a generic formulation and it is also available as an over the counter product without a prescription. As such, this request for Senna Docusate is not medically necessary.