

Case Number:	CM14-0199937		
Date Assigned:	12/10/2014	Date of Injury:	08/17/2011
Decision Date:	03/24/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 50 y/o female who has developed a chronic pain syndrome subsequent to an injury 8/17/11. She has been diagnosed with chronic low back pain with a radiculopathic component, meralgia parasthtica, and right knee DJD. She has been treated with a right knee arthroscopy that included a chondroplasty. Her most recent pain was reported to be 10/10 as she was having withdrawal symptoms due to discontinuation of all opioids. Her Butrans was reinstated, but Norco and Tramadol are to be discontinued. Gabapentin was to be increased, as it has been beneficial for her leg pain. Overall her medication has improved pain levels from 10/10 to 7/10. No functional measures are included in the most recent medical narratives. Gabapentin was denied in part due to the opinion that she did not have neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Colace 100 mg (2 Months Supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Pain (Chronic), Opioid-induced constipation treatment

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

Decision rationale: MTUS Guidelines recommend the prophylactic treatment for constipation when utilizing Opioids. Guidelines support the use of Colace 100mg under these circumstances. The 30 capsules of Colace 100mg is medically necessary.

1 Container of Flexeril/Flurbiprofen Compounded Ointment 240 grams (2 Months Supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific in stating that only FDA products approved for topical use are recommended and if a compound includes an unsupported product the compound is not recommended. Both main ingredients in this compound are not Guideline supported. The Flexeril/Flubiprofen 240gm compound is not medically necessary.

120 Tablets of Gabapentin 600 mg (2 Months Supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: MTUS Guidelines supports the use of Gabapentin when neuropathic pain present. By definition, both the radiculopathy and meralgia paresthetica include a significant component of neuropathic pain. The treating physician specifically states that this provides pain relief and the dosage is to be increased with the diminished use of short acting opioids. The 120 tabs of Gabapentin 600mg is medically necessary.