

Case Number:	CM14-0201015		
Date Assigned:	12/11/2014	Date of Injury:	03/18/2012
Decision Date:	01/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal 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:

Pursuant to the progress note dated October 17, 2014, the IW complains of continued low back pain with pain shooting into her bilateral lower extremities. She reports weakness in the lower extremities. The IW reports some relief with Gabapentin, but is becoming increasingly frustrated with her signs and symptoms. Documentation indicates the IW has been taking Gabapentin since May 23, 2014. There were no pain assessments or evidence of objective functional improvement associated with the use of Gabapentin. Other medications include Tylenol Extra Strength 500mg, Venlafaxine Hcl Er 37.5mg, Colace 100mg, Sennosides 8.6mg, and Butrans 10mcg/hr patch. Review of systems, specific to gastrointestinal indicates the IW denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood. EMG of the bilateral lower extremities dated October 29, 2012 demonstrates asymmetry of the Tibial H-Reflex latencies meets the threshold of 1.5ms and is suggestive (given the patient's history), but not diagnostic, of right S1 radiculopathy. No electrodiagnostic evidence of right or left lumbosacral plexopathy. Examination of the lumbar spine reveals spasms and guarding. The treating physician is recommending refills of medications. The current request is for Colace 100mg #90, Sennosides 8.6mg #90, and Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates, <http://www.drugs.com/cdi/colace.html>.

Decision rationale: Pursuant to drugs.com, Colace 100 mg #90 is not medically necessary. Colace is used for relieving occasional constipation. For additional information see the attached link. The guidelines state prophylactic treatment of constipation should be initiated. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; sciatica; unspecified major depression, single episode; and pain psychogenic. The documentation from a progress note dated October 17, 2014 does not reflect the injured worker suffers with constipation. The review of systems indicates no constipation. Consequently, absent the appropriate clinical indication and supporting documentation to support the ongoing use of Colace, Colace 100 mg #90 is not medically necessary.

Senosides 8.6mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates and Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/drug-interactions/colace-with-senna-2365-487-2054-0.html>.

Decision rationale: Pursuant to drugs.com, Senna 8.6 mg #90 is not medically necessary. Senna is used to treat occasional constipation. For additional details see the attached link. The guidelines state prophylactic treatment of constipation should be initiated. In this case, the injured workers working diagnoses are lumbar disc displacement without myelopathy; sciatica; unspecified major depression, single episode; and pain psychogenic. The documentation from a progress note dated October 17, 2014 does not reflect the injured worker suffers with constipation. The review of systems indicates no constipation. Consequently, absent the appropriate clinical indication and supporting documentation to support the ongoing use of Senna, Senna 8.6mg #90 is not medically necessary.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured workers working diagnoses are lumbar disc displacement without myelopathy; sciatica; unspecified major depression, single episode; and pain psychogenic. The documentation reflects the injured worker was on gabapentin as far back as May 23, 2014. The injured worker claims some relief but is increasingly frustrated by her signs and symptoms. An EMG was performed and the findings were suggestive of but, not diagnostic of, S1 radiculopathy. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical indication and documentation with objective functional improvement, gabapentin 600 mg #60 is not medically necessary.