

<b>Case Number:</b>	CM15-0169612		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 24, 2013. In a utilization review report dated August 27, 2015, the claims administrator partially approved a request for Neurontin, denied a second request for Neurontin, and denied a request for Senokot. The claims administrator referenced an RFA form of August 20, 2015, and an order form of August 21, 2015, in its determination. The applicant's attorney subsequently appealed. On March 21, 2015, the applicant reported ongoing complaints of shoulder pain, 7/10. Upper extremity paresthesias, joint pain, stiffness, muscle weakness, depression, anxiety, and stress were all evident in the review of systems section of the note, it was acknowledged. The claimant was using Horizant (gabapentin), Tenormin, Mevacor, doxazosin, potassium, Prilosec, Lasix, Tylenol, iron, and Coumadin, it was reported. The claimant was not working, it was acknowledged. Permanent work restrictions, Horizant, and Senokot were endorsed. There was no mention of the claimant's using opioids and/or the claimant's having issues with constipation at this point. On June 15, 2015, the claimant reported ongoing complaints of arm and shoulder pain, throbbing and squeezing, 6/10. The applicant's review of systems was positive for depression, anxiety, stress, insomnia, weakness, stiffness, and joint pain. The applicant was using Neurontin, Mevacor, Tenormin, doxazosin, potassium, Prilosec, Lasix, Tylenol, iron, Coumadin, and Benadryl, it was reported. Neurontin was renewed, without any seeming discussion of medication efficacy. The applicant's permanent work restrictions were also renewed. It was acknowledged the applicant was not working with said limitations in place. There was no mention of the applicant's having

issues with constipation on this date. On August 21, 2015, the applicant again reported 8/10 aching, throbbing, and shooting shoulder pain, constant. The applicant's review of systems was positive for numbness, dizziness, joint pain, stiffness, weakness, depression, anxiety, stress, and insomnia. The applicant was using a variety of medications including Neurontin, Cipro, Flagyl, Tenormin, Mevacor, doxazosin, potassium, Prilosec, Lasix, Tylenol No. 3, iron, Coumadin, Benadryl, and Colace. Both Neurontin and Senokot were endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 300mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

**Decision rationale:** No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there had been improvements in pain and/or function achieved as a result of the same. Here, however, no seeming discussion of medication efficacy transpired on August 21, 2015. The applicant reported 8/10 pain complaints on that date. Activities worsened the applicant's pain complaints, it was reported. Ongoing usage of Neurontin (gabapentin) had failed to curtail the applicant's dependence on opiate agents such as Tylenol No. 3. Permanent work restrictions were renewed, seemingly unchanged from prior visits. The applicant was not working with said limitations in place, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20(e) despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Senokot-S 8.6mg #30 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 77.

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

**Decision rationale:** Conversely, the request for Senokot, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was described as using an opioid agent, Tylenol No. 3, on an office visit of August 21, 2015. In addition, the applicant was also using other potentially constipating agents, including oral iron. Prophylactic provision of Senokot, a laxative agent, was, thus, indicated in the face of the applicant's concomitant usage of potentially constipating agents such as Tylenol No. 3 and oral iron. Therefore, the request was medically necessary.