

Case Number:	CM15-0188066		
Date Assigned:	09/30/2015	Date of Injury:	08/30/2004
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old male who sustained an industrial injury August 30, 2004. Diagnoses are low back pain; constipation; spinal stenosis. According to a primary treating physician's progress report dated August 14, 2015, the injured worker presented for a follow-up visit with complaints of chronic, moderate to severe low back pain, rated 5 out of 10. He reports the pain radiates to the right shoulder and waist and down to the feet and started 10 years ago. The event that precipitated this pain was a fall from a 4 foot height which occurred at work. He reports pain relief from muscle relaxants and narcotic pain medication (Percocet). He has an ongoing problem with constipation, uses laxatives daily, and complains of abdominal pain with bloating, cramping, nausea, vomiting and rectal bleeding. This pain is not present on day of examination. Objective findings included; 5'9" and 174.6 pounds; well developed; no further physical findings documented. Treatment plan included to prescribe medication and to follow-up in two months. At issue is the request for authorization dated August 17, 2015, for Docusate and Gabapentin. According to utilization review dated August 24, 2015, the requests for Docusate 250mg #60 with (5) refills was modified to Docusate 250mg #60. The request for Gabapentin 600mg #120 with (5) refills are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 250mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: Review indicates the request for Docusate 250mg #60 with 5 refills was modified without refills. Docusate Sodium (Colace) is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic 2004 injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication as chronic opioid use is not supported. The Docusate 250mg #60 with 5 refills is not medically necessary and appropriate.

Gabapentin 600mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2004 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #120 with 5 refills is not medically necessary and appropriate.