

Case Number:	CM15-0194735		
Date Assigned:	10/08/2015	Date of Injury:	09/09/2009
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Montana

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 injured worker is a 53 year old female, who sustained an industrial injury on 9-9-2009. Medical records indicate the worker is undergoing treatment for myoligamentous strain of the lumbar spine, left knee contusion, major depressive disorder and anxiety disorder. A progress note from 3-31-2015 reported the injured worker complained of low back pain and bilateral knee pain-left worse than right and the exam showed decreased range of motion and tenderness (no body part mentioned). A recent progress report dated 8-24-2015, reported the injured worker complained of pain in the knees and low back and she feels tired, irritable, nervous, anxious, depressed and helpless. Physical examination revealed a sad and anxious mood, apprehensive, over-talkative and body tension. Treatment to date has included psychotherapy and medication management. The physician is requesting Gabapentin-Acetaminophen 100-325 mg #60 and Constipation capsule Docusate-Senna-Bisacodyl 50-8.6-5 cap #60. On 9-17-2015, the Utilization Review noncertified the request for Gabapentin-Acetaminophen 100-325 mg #60 and Constipation capsule Docusate-Senna-Bisacodyl 50-8.6-5 cap #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Acetaminophen 100/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Gabapentin is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects and concurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. 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. In this case the medical records provided do not note a diagnosis of neuropathic pain, painful neuropathy or postherpetic neuralgia. The request apparently is for a compounded gabapentin preparation with acetaminophen. In this case the use of this medication is not supported by the MTUS guidelines. The request for Gabapentin/Acetaminophen 100/325 mg #60 is not medically necessary.

Constipation capsule Docusate/Senna/Bisacodyl 50/8.6/5 cap #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The MTUS states that prophylactic treatment of constipation should be initiated with chronic opioid use. The ODG guidelines for Opioid-induced constipation treatment is recommended as indicated below. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-

counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications do not work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case the treatment note on 8-24-15 does document a complaint of constipation. There is no documentation of first-line treatment recommendations as noted above. Medications would be indicated only if first-line treatment recommendations do not work. The request for Constipation capsule Docusate/Senna/Bisacodyl 50/8.6/5 cap #60 is not medically necessary.