

Case Number:	CM15-0087554		
Date Assigned:	05/11/2015	Date of Injury:	09/03/2011
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old male, who sustained an industrial injury on September 3, 2011 while working as a forklift operator. The injury occurred while lifting heavy materials. The injured worker has been treated for low back and right shoulder complaints. The diagnoses have included lumbar radiculopathy, lumbar sprain/strain, lumbago, lumbosacral spondylosis without myelopathy, shoulder pain, cervicalgia, cervical radiculopathy/radiculitis, myofascial pain, constipation, severe major depressive disorder, generalized anxiety disorder and chronic pain disorder associated with both psychological factors and a general medical condition. Treatment to date has included medications, radiological studies, electrodiagnostic studies, epidural steroid injections, psychological evaluations, acupuncture treatments, a transcutaneous electrical nerve stimulation unit and a home exercise program. Current documentation dated April 17, 2015 notes that the injured worker reported chronic low back pain with radiation to the lower extremities with associated numbness and tingling. The pain was noted to increase at night. The injured worker also noted neck pain which radiated to the bilateral upper extremities, right greater than the left with associated numbness. Objective findings included tenderness to palpation over the cervical and lumbar paraspinal muscles, lumbar facet joints and left trapezius muscles. The treating physician's plan of care included a request for the medications Docusate Sodium 100 mg # 60 with five refills and Gabapentin 300 mg # 60 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, docusate/sennosides is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. In addition, on March 10, 2015 a request for Tylenol #3 was not certified based on the patient's prior history of opioid abuse and lack of evidence of functional improvement. Since the patient should no longer be taking opioids, the request for Docusate is not justified. Therefore the use of Docusate Sodium 100mg #60, with 5 refills is not medically necessary.

Gabapentin 300mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of GABAPENTIN 300 MG #60, with 5 refills is not medically necessary.