

Case Number:	CM14-0092416		
Date Assigned:	07/25/2014	Date of Injury:	05/03/1997
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine, 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:

The claimant was injured on 05/03/97 when he fell. Gabapentin, OxyContin, and Colace are under review. He complains of ongoing right shoulder pain that was rated 7/10 without medications. He had poor sleep quality and increased pain due to medication denials. He had restricted range of motion with positive Hawkins, Neer's, and drop arm tests. He also had tenderness about the shoulder. On 06/25/14, he saw Dr. [REDACTED]. He was taking OxyContin, Norco, gabapentin, Celebrex, Celexa, Silenor, Colace, Flexeril, and Senna. He stated his medications were working well. He had an MRI in August 2007 that showed a recurrent supraspinatus tear. He is status post right shoulder arthroscopic surgery in December 2006 with improvement. He was in moderate pain. He had an awkward gait with crutches. He is status post multiple surgeries to the right shoulder. OxyContin was recommended for long-acting pain control. He stated that it relieved his pain about 50%. He could minimize the use of breakthrough pain medication with it. Norco was used for breakthrough pain control. He was using Senna for constipation. He was able to exercise on a regular daily basis 2 times per day and did stretching and walking in the morning and evening. He could also do some activities of daily living. On 04/30/14, his medications included Senna, OxyContin, Norco, gabapentin, Celebrex, Celexa, and Silenor. There was no apparent change in his condition. He has been on the same medications for a prolonged period of time. There is no documentation of urine drug screens that have been done to monitor the use of OxyContin. It is also not clear why he would require Senna and Colace for constipation. The pain relief that he receives from gabapentin has not been clearly documented. It is also not clear that he has a pain diary or signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg capsule qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR - Colace.

Decision rationale: The history and documentation do not objectively support the request for Colace. The use of Colace is recommended by the PDR for control or prevention of constipation, including when it is caused by the use of opiates. In this case, however, there is no description of a problem with constipation and the opioid OxyContin is being recommended to be weaned. It is also not clear why he would require Colace when he was also taking Senna, likely for constipation. The request is not medically necessary.

Oxycotin 20mg qty 135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of OxyContin is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the treating physician at his office visits. As such, the request is not medically necessary.

Gabapentin 600mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: The MTUS state "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." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005) In this case, the medical documentation provided does not establish the need for long-term/chronic usage of gabapentin. The claimant's pattern of use of this medication, including objective measures of pain relief and functional improvement, have not been documented. Furthermore, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and his response to them, has not been described. As such, this request for gabapentin 600 mg #60 is not medically necessary.