MAXIMUS Federal Services

Case Number:	CM14-0093264		
Date Assigned:	07/25/2014	Date of Injury:	06/01/2001
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in 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 patient is a 50 year old female who was injured on 06/01/2001. The mechanism of injury is unknown. His medications as of 05/30/2014 are Promethazine 25 mg, Norco 10/325 mg, Gabapentin 800 mg, Fentanyl 25 mg, Docusate Sodium 100 mg, Celexa 20 mg and Benadryl 25 mg. The patient has had a SI joint injection bilaterally on 10/04/2013. Office visit dated 05/30/2014 states the patient presented with complaints of back pain that fluctuates and occurs persistently. She stated the pain radiates to the left thigh with associated burning and numbness. She rated her pain without medications at 10/10 and with medications a 7/10. On exam, there were no abnormalities documented. The patient is diagnosed with disc replacement at L3-L4; radiculopathy of the thoracic and lumbosacral spine; low back pain; chronic pain due to trauma; and Medtronic thoracic SCS. She has been recommended to continue with Promethazine 25 mg #30 wit 3 refills; Gabapentin 800 mg #120 with 3 refills; Fentanyl 25 mcg; Docusate Sodium 100 mg; and Celexa 20 mg. Prior utilization review dated 06/13/2014 states the request for Promethazine HCl 25mg, quantity 30, 3 refills is not certified Gabapentin 800mg, quantity 120, 3 refills is partially certified at Gabapentin 800 mg #120 with 2 refills; and Docusate Sodium 100mg, quantity 90, 3 refills is partially certified at Docusate Sodium 100 mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promethazine HCl 25mg, quantity 30, 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Promethazine, Other Medical Treatment Guideline or Medical Evidence:www.pdr.net.

Decision rationale: This is a request for Promethazine, prescribed for chronic pain-induced nausea. However, according to an online search, Promethazine is not indicated for this purpose. According to ODG guidelines, it not recommended for opioid-induced nausea. Therefore, this request is not medically necessary.

Gabapentin 800mg, quantity 120, 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin, NeurontinOther Medical Treatment Guideline or Medical Evidence: www.pdr.net; http://www.drugs.com/dosage/gabapentin.html.

Decision rationale: According to ODG guidelines, antiepilepsy drugs, such as Gabapentin, are recommended first-line for neuropathic pain. This is a request for Gabapentin for a 50-year-female with chronic radicular pain prescribed Gabapentin long-term. There are findings of left-sided radiculopathy on examination and reports of pain reduction from use of Gabapentin. The patient is reportedly working full-time. However, there are no provided diagnostic studies that corroborate radiculopathy. Further, the dose of Gabapentin 1600 mg twice a day appears to be excessive. According to an online search, doses in excess of 1800 mg every day have not shown additional benefit in the treatment of post-herpetic neuralgia. Also, the patient has a history of acute liver failure attributed to alcoholism and polypharmacy. Weaning completely off narcotic medications including Gabapentin was recommended at the time. Medical necessity is not established for Gabapentin as prescribed. The request is not medically necessary.

Docusate Sodium 100mg, quantity 90, 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary last updated 5/15/2014; Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation.

Decision rationale: This is a request for Docusate Sodium to treat opioid-induced constipation. However, according to an online search Docusate Sodium is indicated for the occasional relief of constipation. Use for greater than one week should be avoided. In this case, the patient is prescribed Docusate Sodium on a chronic basis for opioid-induced constipation. While ODG guidelines recommend treatment of opioid-induced constipation, there is no discussion of Docusate Sodium efficacy or failure of other standard first-line interventions. Further, weaning off narcotics has been previously recommended given history of alcoholism and hepatic failure. Therefore, this request is not medically necessary.