

Case Number:	CM13-0035278		
Date Assigned:	12/13/2013	Date of Injury:	12/22/2010
Decision Date:	02/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 45-year-old with a date of injury of December 22, 2010. The patient is diagnosed with complex regional pain syndrome (CRPS) with allodynia. The note dated 12/5/12 states the patient only has partial relief with Nucynta. The patient had a stellate ganglion block 12/27/2012. He had an injection of tendinous insertions of C7, rhomboid, levator, and the right medial and lateral elbow epicondyles. Patient has been using Nycunta, Cymbalta, trazodone since at least 3/2013. Trazodone was increased to 150mg on 6/2013. PR-2 notes are very sparse in detail and handwritten.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg 4 times/daily #120 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: CA MTUS chronic pain guidelines recommend the continuation of opioid medication if there is improvement in function or reduction in pain. There are notes that the patient needs the medication to improve function however the patient has been taking Norco for

an extended amount of time without much reduction in pain or increase in function. There are also notes that the patient has not responded well to the Nycunta. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Therefore, as guidelines do not recommend this medication for more than a short-term and the reports indicate the patient has not responded to medication, it is not medically necessary.

Pennsaid 15ml 3 times/daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: MTUS states that topical analgesics are experimental. Regarding topical NSAIDs the guides state there is limited evidence the medication works beyond 2 weeks. This request asks for a one month supply. In addition, the guides do not recommend NSAIDs for extended duration. The patient has been taking NSAIDs since the DOI. In addition, ACOEM chapter 3 does not recommend topical NSAIDs

Cymbalta 30mg 2 times/daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto- Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, there is no evidence in the record that the medication has helped this patient. There is no documentation of functional improvement or other assessments. Therefore, without this information, the medication cannot be approved and is not appropriate.

Trazodone 50mg 3 times/daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto- Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, there is no evidence in the record that the medication has helped this patient. There is no documentation of functional improvement or other assessments. Therefore, without this information, the medication cannot be approved and is not appropriate.