

Case Number:	CM13-0041624		
Date Assigned:	12/20/2013	Date of Injury:	12/22/2010
Decision Date:	05/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year-old male who reported an injury on 12/22/2010. The mechanism of injury was not provided. Current diagnosis is CRPS. The injured worker was evaluated on 10/10/2013. The injured worker reported persistent pain. Physical examination revealed tenderness to palpation with mottling and swelling of the hand. Treatment recommendations included prescriptions for Nucynta and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NUCYNTA 50MG 4 TIMES/DAILY #120 UNITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, TAPENTADOL (NUCYNTA).

Decision rationale: Official Disability Guidelines state Nucynta is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, the injured worker has utilized Nucynta since 12/2012. However,

there is no indication of intolerable adverse effects with first line opioids. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.

PRESCRIPTION OF PENNSAID 15ML 3 TIMES/DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, PENNSAID® (DICLOFENAC SODIUM TOPICAL SOLUTION).

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac gel. Official Disability Guidelines state Pennsaid is not recommended as a first line therapy. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, there was no quantity listed in the current request. As such, the request is non-certified.

PRESCRIPTION OF CYMBALTA 30MG 2 TIMES/DAILY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. As per the documentation submitted, the injured worker has utilized Cymbalta since 01/2013. There is no evidence of a satisfactory response to treatment. Therefore, the request is non-certified

PRESCRIPTION OF TRAZODONE 50MG 3 TIMES/DAILY #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS CHAPTER, TRAZADONE (DESYREL).

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Official Disability Guidelines state trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does not appear to meet criteria for the requested medication. There is no

documentation of psychiatric symptoms such as depression or anxiety. As such, the request is non-certified.