

Case Number:	CM15-0200942		
Date Assigned:	10/16/2015	Date of Injury:	04/15/2003
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 a 49 year old female, who sustained an industrial injury on 4-15-2003. Medical records indicate the worker is undergoing treatment for left upper extremity complex regional pain syndrome, post laminectomy syndrome, carpal tunnel syndrome and cervical disc degeneration. A recent progress report dated 9-8-2015, reported the injured worker complained of limb pain with numbness and tingling and neck pain rated 7 out of 10. She also notes she has not slept in days and was depressed. Physical examination revealed he was anxious, depressed and tearful with cervical paravertebral muscle spasm and cervical spinal process tenderness and right hand tenderness. Treatment to date has included bilateral stellate ganglion block, physical therapy and medication management, including Nucynta and Zoloft (since at least 4-17-2015). The physician is requesting Nucynta 50 mg # 50 and Zoloft 100mg #60. On 10-2-2015, the Utilization Review noncertified the request for Nucynta 50 mg # 50 and Zoloft 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg Qty 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Nucynta (tapentadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was experiencing right hand and forearm discomfort. The documented pain assessments did not contain the majority of the elements recommended by the Guidelines. There was no discussion detailing benefit from this specific medication, indicating how often it was needed and used by the worker, exploring potential negative side effects, documenting an individualized risk assessment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for fifty tablets of Nucynta (tapentadol) 50mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Zoloft 100 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Sertraline (Zoloft).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Sertraline: Drug information. Topic 9886, version 167.0, UpToDate, accessed 11/24/2015.

Decision rationale: Zoloft (sertraline) is a medication in the selective serotonin reuptake inhibitor antidepressant medication class. It is FDA-approved for the treatment of major depressive disorder in adults, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder in adults, premenstrual dysphoric disorder, and social anxiety disorder in adults. There also is some research to support using sertraline to treat generalized anxiety disorder, binge-eating disorder, and bulimia nervosa. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing right hand and forearm discomfort. These records did not report on the majority of the elements encouraged by the Guidelines, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Zoloft (sertraline) 100mg is not medically necessary.