MAXIMUS Federal Services

Case Number:	CM14-0092871		
Date Assigned:	07/25/2014	Date of Injury:	10/27/1995
Decision Date:	06/12/2015	UR Denial Date:	06/14/2014
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. 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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, 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 66-year-old male, who sustained an industrial injury on 10/27/1995. He reported injuring his left shoulder while moving a box. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, myalgia and myositis, unspecified, and insomnia, unspecified. Treatment to date has included diagnostics, multiple surgeries to the left shoulder, spinal cord stimulator, transcutaneous electrical nerve stimulation unit, home exercise, mental health treatment, and medications. Agreed Medical Examinations noted treatment for depression. On 5/27/2014, the injured worker complained of chronic left shoulder pain, worsened and documented as not controlled by medications. He was able to perform self-care activities with limitation in certain activities due to underlying medical condition(s). He also complained of difficulty sleeping. Current medications included Meloxicam, Oxybutynin, Duloxetine, and Nucynta. The use of Nucynta and Duloxetine was noted since at least 2011. The treatment plan included medication refills. An updated urine toxicology was not referenced. His work status was not documented. The progress report, dated 12/30/2013, noted urine toxicology was inconsistent and negative for all substances, including Nucynta. Urine drug testing in 1/2014 was documented positive for ETOH metabolites. The progress report, dated 4/29/2014, noted difficulty with Nucynta authorization for the past few months, but some were saved from the past few years. He was unable to provide a urine sample on this date due to bladder problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested tapentadol (Nucynta) is not medically necessary.

Duloxetine 60mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no current documentation of depression, and no objective findings, which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.