

Case Number:	CM15-0125253		
Date Assigned:	07/09/2015	Date of Injury:	02/15/2007
Decision Date:	08/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on February 15, 2007. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) of left upper extremity, right wrist tendinitis and myofascial pain syndrome. Treatment to date has included ganglion nerve block and medication. A progress note dated May 15, 2015 provides the injured worker complains of left upper extremity pain that is unchanged. She rates her pain 5-6/10 and constant. Physical exam of the hand is essentially unremarkable. The plan includes ganglion nerve block, ibuprofen, Lexapro, Nucynta and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 14, 16.

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

Decision rationale: This claimant was injured 8 years ago and by report, has complex regional pain syndrome (CRPS) of left upper extremity, right wrist tendinitis and myofascial pain syndrome. Treatment to date has included ganglion nerve block and medication. As of May 2015, the injured worker complained of left upper extremity pain that is unchanged. The plan includes ganglion nerve block, ibuprofen, Lexapro, Nucynta and Lactulose. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.

Nucynta 50 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: As shared previously, this claimant was injured 8 years ago and by report has complex regional pain syndrome (CRPS) of left upper extremity, right wrist tendinitis and myofascial pain syndrome. Treatment to date has included ganglion nerve block and medication. As of May 2015, the injured worker complains of left upper extremity pain that is unchanged. The plan includes ganglion nerve block, ibuprofen, Lexapro, Nucynta and Lactulose. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuation. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. At present, the request is not medically necessary.

Lactulose 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Lactulose.

Decision rationale: As previously noted, this claimant was injured 8 years ago and by report has complex regional pain syndrome (CRPS) of left upper extremity, right wrist tendinitis and myofascial pain syndrome. Treatment to date has included ganglion nerve block and medication. As of May 2015, the injured worker complains of left upper extremity pain that is unchanged. The plan includes ganglion nerve block, ibuprofen, Lexapro, Nucynta and Lactulose. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Lactulose, per the PDR is for constipation. No gastrointestinal symptoms of constipation however are noted in this claimant case. At present, there is insufficient clinical necessity demonstrated. The request is appropriately not medically necessary.

Nucynta 50 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: As shared previously, this claimant was injured 8 years ago and by report has complex regional pain syndrome (CRPS) of left upper extremity, right wrist tendinitis and myofascial pain syndrome. Treatment to date has included ganglion nerve block and medication. As of May 2015, the injured worker complains of left upper extremity pain that is unchanged. The plan includes ganglion nerve block, ibuprofen, Lexapro, Nucynta and Lactulose. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. As shared in an earlier review for the same medicine for this claimant, regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuation. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. At present, the request is not medically necessary.