

Case Number:	CM15-0172513		
Date Assigned:	09/14/2015	Date of Injury:	02/15/2007
Decision Date:	10/13/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 02-15-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left upper extremity pain, complex regional pain syndrome, right wrist pain, and myofascial pain syndrome. Medical records (03-11-2015 to 07-24-2015) indicate ongoing left arm pain with an initial pain rating of 7 out of 10. In the progress report (PR) dated 03-11-2015, the IW also reported left ankle pain. Records also indicate no changes in activities of daily living or quality of life. Per the treating physician's PR, the IW has not returned work. The physical exams, dated 05-15-2015 and 07-24-2015, revealed ongoing constant, sharp, burning and pins-and-needles like pain in the left upper extremity which was rated 5-6 out of 10 (per the 05-15-2015 PR). The PRs indicates that the injured worker is having no adverse side-effects from her current medications. The physical findings include continued tenderness to palpation over the flexor and extensor surfaces of any fingers, normal range of motion (ROM) in the hand and fingers, no crepitation on ROM, and no instability. The PR dated 07-24-2015, reported that the injured worker presenting in significant emotional and physical distress due to all her medications being denied by the insurance company except for Duloxetine. This report reported a pain rating of 4-5 out of 10 with no changes in the description of pain. A full exam of the left upper extremity showed tenderness over the left rotator cuff anteriorly, but motor strength, ROM and special testing were negative for abnormalities. Relevant treatments have included stellate ganglion block injections (x4 between 2007 & 2008) physical therapy (PT), work restrictions, and pain medications (Nucynta and Dexilant since 03-2015). There was not diagnostic testing available

for review. The request for authorization (07-24-2015) shows that the following medications were requested: Dexilant 30mg #60 with no refills and Nucynta ER 50mg #30 with no refills. The original utilization review (08-08-2015) denied the request for Dexilant 30mg based on the lack of gastrointestinal disease and-or complaints, and the absence of non-steroidal anti-inflammatory drug (NSAID) use; and partially approved the request for Nucynta ER based on lack of analgesic benefit, functional improvement, and monitoring of adverse side effects and aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30mg #60, 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in February 2007 and is being treated for chronic left upper extremity pain including a diagnosis of CRPS. Failed medications have included oxycodone. Nucynta is referenced as providing 50-60% pain relief and allowing for self-care. When seen, vital signs were recorded. Prior exams include findings of sensitivity to touch. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Dexilant (dexlansoprazole) was not medically necessary.

Nucynta ER 50mg #30, 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation (1) Pain (Chronic), Tapentadol (Nucynta) (2) ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in February 2007 and is being treated for chronic left upper extremity pain including a diagnosis of CRPS. Failed medications have included oxycodone. Nucynta is referenced as providing 50-60% pain relief and allowing for self-care. When seen, vital signs were recorded. Prior exams include findings of sensitivity to touch. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved self-care. The total MED is less than 120 mg per day consistent with guideline recommendations. Although recommended only as second line therapy for patients who

develop intolerable adverse effects with first line opioids, there is a history of failed treatment with oxycodone. Continued prescribing was medically necessary.