
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 4/23/2007
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002944

- 1) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325 mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta ER 50mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Frova 2.5 mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325 mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta ER 50mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Frova 2.5 mg **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

The utilization review determination letter did not include a case summary.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/17/13)
- Employee medical records from [REDACTED] Program – [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Percocet 10/325 mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 78 and 92, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/23/2007. A progress note dated 3/28/2013 indicates the employee had pain rated 7-8/10. The employee has been receiving Percocet, Nucynta, and Frova since at least January 2012. A physician note dated 4/25/2013 indicates that without Frova, the employee gets increased migraines. A physician note dated 7/10/2013 indicates the employee had ongoing pain complaints. On examination the employee had hypertonicity in the right trapezius, hypersensitivity, paresthesias in the right upper extremity, and positive left Spurling's sign, as well as decreased sensation, decreased grip strength in the left upper extremity and left lower extremity numbness in the L5-S1 distribution and positive left straight leg raise. The provider also noted decreased range of motion in the cervical and lumbar spine and tenderness to palpation. The employee was recommended for ongoing medication use. A request was submitted for Percocet 10/325mg.

The MTUS Chronic Pain Medical Treatment Guidelines recommend documentation of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), prior to continuation of opioid medications, to include Percocet. The records submitted and reviewed indicate the employee has undergone urine drug screens that were inconsistent with prescribed medications. The employee has been receiving Percocet, Nucynta, and Frova since at least January 2012. A point of contact test on 6/28/2012 was positive for opiates and PCP. In addition, there is a lack of documentation of any significant pain relief of objective functional improvement with the current medication regimen. The request for Percocet 10/325mg **is not medically necessary and appropriate.**

2) Regarding the request for Nucynta ER 50mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Opioids section. The Expert Reviewer also relied on the Official Disability Guidelines (ODG), Pain Chapter, Tapentadol (Nucynta) section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/23/2007. A progress note dated 3/28/2013 indicates the employee had pain rated 7-8/10. The employee has been receiving Percocet, Nucynta, and Frova since at least January 2012. A physician note dated 4/25/2013 indicates that without Frova, the employee gets increased migraines. A physician note dated 7/10/2013 indicates the employee had ongoing pain complaints. On examination the employee had hypertonicity in the right trapezius, hypersensitivity, paresthesias in the right upper extremity, and positive left Spurling's sign, as well as decreased sensation, decreased grip strength in the left upper extremity and left lower extremity numbness in the L5-S1 distribution and positive left straight leg raise. The provider also noted

decreased range of motion in the cervical and lumbar spine and tenderness to palpation. The employee was recommended for ongoing medication use. A request was submitted for Nucynta ER 50mg.

The ODG indicates Nucynta is a second-line therapy for patients who have developed intolerable, adverse effects with first-line opioids. The employee is currently on a first-line opioid with Percocet. Thus, there is a lack of documentation to support the employee has intolerable adverse effects with first-line opioids to support the ongoing use of Nucynta. There is also a lack of documentation of the MTUS Chronic Pain Guidelines' "4 A's," which include significant pain relief, increased function, and consistent urine drug screening to support the request as written for Nucynta ER 50 mg once a month. The request for Nucynta ER 50mg **is not medically necessary and appropriate.**

3) Regarding the request Frova 2.5 mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The MTUS does not provide any references for the issue in dispute, so the Expert Reviewer relied on Medline Plus, Online Edition, Frovatriptan section, which is a nationally-recognized professional standard that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/23/2007. A progress note dated 3/28/2013 indicates the employee had pain rated 7-8/10. The employee has been receiving Percocet, Nucynta, and Frova since at least January 2012. A physician note dated 4/25/2013 indicates that without Frova, the employee gets increased migraines. A physician note dated 7/10/2013 indicates the employee had ongoing pain complaints. On examination the employee had hypertonicity in the right trapezius, hypersensitivity, paresthesias in the right upper extremity, and positive left Spurling's sign, as well as decreased sensation, decreased grip strength in the left upper extremity and left lower extremity numbness in the L5-S1 distribution and positive left straight leg raise. The provider also noted decreased range of motion in the cervical and lumbar spine and tenderness to palpation. The employee was recommended for ongoing medication use. A request was submitted for Frova 2.5 mg.

Medline Plus states Frovatriptan is used to treat the symptoms of migraine headaches (severe throbbing headaches that sometimes are accompanied by nausea and sensitivity to sound and light). Frovatriptan is in a class of medications called selective serotonin receptor agonists. It works by narrowing blood vessels in the brain. Frovatriptan does not prevent migraine attacks. The records submitted and reviewed suggest the employee has a history of migraine headaches and has been on this medication for at least a year and a half with no documented symptom relief. Without documentation of efficacy of the medication, ongoing use is not supported. The request for Frova 2.5 mg **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.