

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/5/2007
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004750

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta ER 150mg #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 Ambien 10mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Nucynta ER 150mg #60 **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 Family Practice, 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:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

Clinical Summary: This is a 45-year-old male who was injured on 2/5/07. The mechanism of injury was not provided for review. The diagnoses included hemorrhoids, brachial radiculitis, and shoulder tendon/bursa injury. The accepted body parts included the right upper arm, the right shoulder, and the soft tissues of the neck. On 6/12/13, the patient was seen in follow-up by Dr. [REDACTED]. The note indicated that the patient recently received an approval for Nucynta ER. It also noted the patient was status post hemorrhoid surgery 10 days prior, slowly resolving. On examination, he appeared uncomfortable, although in no acute distress. He had tenderness to palpation over the bilateral mid and lower cervical facets with reduced range of motion. He also had persistent left C6 and C7 decreased sensation. His specific shoulder exam was not documented. Dr. [REDACTED] refilled the patient's Ambien 10 mg #30, Norco 10/325 mg for #240, and Senna. On 7/9/13, Dr. [REDACTED] saw the patient in follow-up. He noted that the patient appeared uncomfortable. Again, he had tenderness with limited motion of the cervical spine and reduced sensation in the left C6 and C7 distribution. Again, no specific shoulder exam was documented. Dr. [REDACTED] refilled the patient's Ambien and Norco and also began the patient on Nucynta ER 150 mg #60 and discontinued Nucynta ER 100 mg #60. The patient had reported that the Nucynta ER 100 mg helped reduce his overall Norco use and allowed some improved pain coverage. He reported his sleep was better as well, and also his activities of daily living abilities were improved. Dr. [REDACTED] prescribed Norco again in quantity 240.

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
- Utilization Review Determination
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ambien 10mg #30:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Zolpidem section, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee presents for treatment of the following diagnoses including hemorrhoids, brachial radiculitis, and shoulder tendon/bursa injury. The request is for Ambien 10mg #30.

Guidelines indicate, "Zolpidem/Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for short term usually 2 to 6 weeks treatment of insomnia. Medical records submitted and reviewed indicate the employee has been utilizing Ambien for at least 2 years. The employee has exceeded the guidelines recommendation for the use of Ambien. **The request for Ambien 10mg #30 is not medically necessary and appropriate.**

2) Regarding the request for Nucynta ER 150mg #60:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Tapentadol section, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS), and the Chronic Pain Medical Treatment Guidelines (2009), Opioids, pgs. 74-95, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pg. 78, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee presents for treatment of the following diagnoses including hemorrhoids, brachial radiculitis, and shoulder tendon/bursa injury. The request is for Nucynta ER 150mg #60.

MTUS guidelines indicate, “Nucynta is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain.” The guidelines also state “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors).” Medical records submitted and reviewed fail to evidence quantifiable or observable functional goals, progress or measurements evidencing support for the employee’s utilization of Nucynta. Documentation also showed prescriptions for continued Norco 10/325 mg 240 tablets every month. There was no evidence of any tapering of this medication for the employee’s pain complaints. Additionally, a specific number on the VAS scale was not evidenced to support in fact a gradual decrease in the employee’s rate of pain. The criteria for Nucynta have not been met. **The request for Nucynta ER 150mg #60 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;

Paul Manchester, MD, MPH
Medical Director

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

/ldh

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.