MAXIMUS Federal Services

Case Number:	CM13-0001462		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2007
Decision Date:	01/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services.

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 underlying date of injury in this case is 04/23/2007. The primary treating diagnosis is migraine headache. Treating physician notes also discuss the diagnoses of cervical radiculopathy, lumbar radiculopathy, and lumbar degenerative disc disease. The patient is a 53-year-old woman. An initial physician review noted that the patient presented with a request for medication refills and noted one should not take Frova if she gets increased migraines. This review noted that the medical records did not document functional improvement to support an indication for opioids and that there is no evidence to support evidence for Flector beyond 2 weeks and that therefore the requested treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids as Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that the "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" is recommended. The medical records do not contain such documentation regarding functional benefit of opioids. Additionally, Official Disability Guidelines indicates that Nucynta is,

"recommended as second-line therapy for patients developing tolerable adverse effects with first-line opioids." Overall, the guidelines do not recognize Nucynta as a first-line treatment in general for migraine headaches. The records do not provide a rationale as to why this employee would require second-line opioid, no other records support opioids in general as a first- or second-line treatment for migraine headaches. Additionally, for whatever indication, the records do not document functional benefit from opioids. For multiple reasons, therefore, this request for Nucynta is not medically necessary. The request for Nucynta ER 50 MG is not medically necessary and appropriate.

Flector 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Guidelines indicates that regarding topical antiinflammatory medications: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guidelines therefore support topical antiinflammatory medications in some instances for short periods of time. The guidelines do not support such treatment on a chronic basis, although the guidelines do not support this treatment in general efficacious for migraine headaches. For multiple reasons, this request is not medically necessary. The request for Flector 1.3% is not medically necessary and appropriate.