MAXIMUS Federal Services

Case Number:	CM15-0022598		
Date Assigned:	02/12/2015	Date of Injury:	01/11/2005
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, 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 applicant is a represented 42-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 11, 2005.In a Utilization Review Report dated January 26, 2013, the claims administrator failed to approve requests for Endocet (Percocet) and Frova. An October 20, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated January 12, 2015, trigger point injections, Frova, and Percocet were endorsed. No clinical progress notes were attached to the same.The applicant was off of work, on total temporary disability, it was acknowledged on a progress note dated August 12, 2013. A lumbar support was proposed on that date.On February 24, 2014, the applicant was again described as off of work, on total temporary disability. The applicant reported issues with thoracic outlet syndrome, neuropathic pain, and alleged posttraumatic migraines. Left arm weakness was reported. The applicant was asked to consult an orthopedist and obtain a shoulder corticosteroid injection, massage therapy, acupuncture, nasal Zomig, baclofen, Zipsor, Voltaren gel, and Tylenol with Codeine were endorsed.On May 5, 2014, the applicant was described as having ongoing issues with headaches and attendant symptoms of nausea. The applicant was given diagnosis of posttraumatic migraines. The applicant was asked to employ Zofran. The applicant was disabled, the treating provider noted. It was stated that Compazine had previously been attempted and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 2.5-325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Endocet (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, the treating provider has acknowledged in various notes referenced above, throughout 2013 and 2014. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Percocet usage in his January 12, 2015 RFA form. Therefore, the request was not medically necessary.

Frova 2.5mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation frovatriptan succinate - Food and Drug Administrationwww.accessdata.fda.gov/drugsatfda.../labe...Food and Drug AdministrationINDICATIONS AND USAGEFROVA is indicated for the acute treatment of migraine attacks with or without aura in adults.

Decision rationale: Similarly, the request for Frova was likewise not medically necessary, medically appropriate, or indicated here.The MTUS does not specifically address the topic of Frova. The MTUS Guideline in ACOEM Chapter 3, page 47 does note that it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, no clinical progress notes were attached to the January 12, 2015 RFA form. While the Food and Drug Administration (FDA) does indicate that Frova is indicated in the treatment of migraine headaches, with or without aura, the January 12, 2015 RFA form made no mention of whether or not ongoing usage of Frova was effective in attenuating the applicant's issues of migraine headaches or not. Historical progress notes, referenced above, suggested that various other medications, including Compazine, Zofran, etc., had failed to attenuate the applicant's issues with migraine headaches. Continuing Frova without any explicit discussion of whether or not it was or was not effective is not, thus, indicated, per ACOEM. Therefore, the request was not medically necessary.