

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/17/2013**

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	6/8/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017893

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Nucynta ER 50mg between 7/12/2013 and 10/21/13 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **30 fioricet 50/325/40mg (Express Scripts) between 7/12/2013 and 10/21/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **60 Nucynta ER 50mg between 7/12/2013 and 10/21/13** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **30 fioricet 50/325/40mg (Express Scripts) between 7/12/2013 and 10/21/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent 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, has a subspecialty in Pain Management 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.

Expert Reviewer Case Summary:

This patient is a 30 year old male with a date of injury of 6/8/2012. A note dated 6/18/2013 states "Nucynta helpful (self procured) no side effects." A UR determination dated 7/24/13 recommended non-certification for Nucynta ER and Fiorcet between 7/12/2013 and 10/21/2013. Nucynta was denied due to lack of documentation of first line opioids. Fiorcet was denied "since the drug dependence is high." A progress report dated 8/8/2013 states that the patient has a "pain level of 4/10 with medication and 7/10 without medication." The note goes on to state that "Nucynta ER 50 mg not helping. Norco/Tizanidine does not but when at its worst takes 2 norco for relief." A UR determination dated 8/28/13 recommended non-certification for Nucynta ER and Fiorcet between 8/8/2013 and 10/26/2013. Nucynta was denied due to lack of documentation of adverse effects with other opioids and statements indicating that the Nucynta had "not helped his condition." A progress report dated 9/5/13 by Dr. [REDACTED] includes subjective complaints of "low back pain that radiates to the left lower extremity. The patients pain level is increased with average pain level of 7/10 with medication and 9/10 without medication." Objective findings identifies limited lumbar range of motion due to pain, myofascial tenderness, and unchanged sensory and motor examination. Diagnoses include "lumbar radiculopathy, chronic pain other." Treatment plan recommends urine drug testing, fiorcet one tablet every eight hours, hydrocodone/apap one tablet every 6 hours, tizanidine once a day, and nucynta ER 100 mg every 12 hours. The note goes on to state that the patient has "failed first line opiates." A UR determination dated 9/11/13 recommended non-certification for Nucynta ER and Fiorcet between 9/5/2013 and 11/9/2013.

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for 60 Nucynta ER 50mg between 7/12/2013 and 10/21/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Section on Chronic Pain, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Section on Chronic Pain, which is not part of the MTUS.

Rationale for the Decision:

Regarding the request for Nucynta ER, ODG Guidelines recommend consideration for Nucynta as a second line opiate. Guidelines go on to state that the risks of Nucynta are the same as with any other Schedule II controlled substance. Within the documentation available for review the requesting physician has not indicated what intolerable adverse effects were experienced with first line opiate therapy. Additionally, the requesting physician has documented that Nucynta had not helped the employee's condition. Finally, there are red flags for the ongoing use of opiates including the employee's admission that he had self procured Nucynta to try it, and that the employee takes Norco two at a time, when it is prescribed one tablet every six hours as needed. **The request for 60 Nucynta ER 50mg between 7/12/2013 and 10/21/13 is not medically necessary and appropriate.**

2) Regarding the request for 30 fioricet 50/325/40mg (Express Scripts) between 7/12/2013 and 10/21/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, (May 2009), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Barbiturate-containing analgesic agents, pg 19, which is part of the MTUS.

Rationale for the Decision:

Regarding the request for Fiorcet, MTUS Chronic Pain Guidelines state that it is not recommended for chronic pain. Guidelines go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. **The request for Fiorcet 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

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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.