
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 12/22/2010
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002273

- 1) MAXIMUS Federal Services, Inc. has determined the Nucynta requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Cymbalta requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Trazodone requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Nucynta requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Cymbalta requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the Trazodone requested **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 Orthopedic Surgery, has a subspecialty in at least five years of experience providing direct patient care 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: There was no case summary provided on the utilization review determination dated July 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:

- Application of Independent Medical review (date 7/22/2013)
- Utilization Review by [REDACTED] (date 7/9/2013)
- Medical Treatment Utilization Schedule (MTUS)

No medical records were provided timely by the Claims Administrator.

1) Regarding the request for Nucynta :

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 Claims Administrator based its decision Chronic Pain Medical Treatment Guidelines, page 78, which is part of

the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 12/22/10. The request is for Nucynta.

California MTUS states that 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). The only clinical documentation submitted for review is a 07/09/2013 utilization review for the current requested medications. The current request previously received an adverse determination on 07/09/2013, due to noncompliance of opioid guidelines and to allow opportunity for submission of guidelines opioid mandated documentation including ongoing efficacy with medication use. There was no clinical documentation submitted for review evidencing current urine drug test, risk assessment profile, attempt at weaning, an updated signed pain contract, or evidence of measurable subjective and/or functional benefit as a result of the employee's medication regimen. The request for Nucynta **is not medically necessary and appropriate.**

2) Regarding the request for Cymbalta:

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 Claims Administrator based its decision Chronic Pain Medical Treatment Guidelines, page 43-44, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on 12/22/10. The request is for Cymbalta.

MTUS states that Cymbalta is recommended as an option in first line treatment for neuropathic pain." Given the lack of documentation evidencing the patient's reports of efficacy with this medication, as evidenced by an increase in objective functionality and decrease rate of pain on a VAS scale, the request for Cymbalta **is not medically necessary or appropriate.**

3) Regarding the request for Trazodone:

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 Claims Administrator based its decision Chronic Pain Medical Treatment Guidelines, page 13, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on 12/22/10. The request is for Trazodone.

MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. There is a lack of submitted documentation evidencing efficacy for the employee's current clinical presentation. The request for Trazadone **is not medically necessary and appropriate.**

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Independent Medical Review

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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

/slm

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.