MAXIMUS Federal Services

Case Number:	CM13-0001469		
Date Assigned:	06/06/2014	Date of Injury:	01/10/2005
Decision Date:	08/05/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year-old female with date of injury 01/10/2005. The request is for verapamil, which has been used as prophylaxis for migraine headaches. Migraine headaches are associated with this claim due to the neck injury she initially sustained at the time the claim was first opened. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/22/2013, lists subjective complaints as knee pain, wrist pain and migraine headaches associated with neck pain. On the date the patient first saw the requesting physician, she was having significant pain because she had run out of all of her medication. Objective findings: A neurological examination of the cranial nerves was within normal limits. No allodynia or hyperpathia was noted. Normal to touch and pinwheel. Diagnosis: 1. chronic postoperative pain 2. Migraine without aura, without mention of intractable migraine with status migrainosus 3. Postlaminectomy syndrome, cervical region 4. Primary localized osteoarthrosis, lower leg 5. Primary localized ostearthosis forearm 6. Obesity 7. Cervical spondylosis without myelopathy. The medical record indicates that the patient has been taking verapamil with reasonably good success for many years. Medications include Verapamil HCL CR 240mg, #30. SIG: 1 capsule in the morning once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VERAPAMIL HCL CR 240MG #30 WITH 2 REFILLS:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual, Migraine, Prevention, 2014, Content last reviewed and modified 04/2014.

Decision rationale: A recent revision In the Merck Manual, April 2014, lists verapamil 240 mg once/day to t.i.d. as effective prophylaxis for migraine and cluster headaches. The requesting physician's initial consult documents that the patient has had effective relief from her migraines with previous treatment of verapamil at this dose. I am reversing the prior Utilization Review decision. Verapamil 240 mg once per day, #30, 2 refills is medically necessary.