

Case Number:	CM13-0043787		
Date Assigned:	03/28/2014	Date of Injury:	06/12/2007
Decision Date:	04/25/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 46 year old male who was injured on 06/12/2007, injured his left shoulder with unknown mechanism of injury. Treatment history included subacromial decompression in 09/2012 and cervical fusion. The patient also underwent physical therapy, subacromial injection and radio frequency therapy without significant benefit. The patient's medications treatment include Prochlorperazine (Compazine) 10 mg, ibuprofen (Motrin) 200 mg, promethazine (Phenergan) 25 mg, propranolol (Inderal) 80 mg, hydrocodone/acetaminophen (Norco) 10-325 mg, carisoprodol (Soma) 350 mg, hydromorphone (Dilaudid) 4 mg, frovatriptan succinate (Frova PO), lidocaine (Lidoderm) 5% PTCH, rizatriptan benzoate (Maxalt PO), omeprazole magnesium (Prilosec OTC PO), diphenhydramine (Benadryl) 25 mg. Progress note dated 02/26/2014 documented the patient to have complaints of migraine which was very typical for him. The patient also had chronic neck and back pain which has also resulted in a migraine complex. The patient states he is having typical symptoms including his neck pain which is in the back of his neck at the base of the skull and actually radiates upward into his head creating a right temporal diffuse headache without photophobia or nausea or vomiting. The patient states that he has no medications except for hydromorphone which typically does not work for his headaches and does not have his migraine medications because of the insurance issues. Objective findings on exam included his neck was supple, no lymphadenopathy. FROM (Full Range Of Movement) without pain or discomfort. Musculoskeletal exam with typical neck and back pain without any changes. No cyanosis or edema. No tenderness along bony prominences or muscle groups. No pain with ROM (Range Of Movement) testing and is ambulatory. Neurological exam include no numbness, tingling, weakness, AMS, ataxia or speech changes. Cranial nerves are intact III through XII. The patient has no sensory abnormalities, no strength abnormalities in upper or

lower extremities, and mental status is appropriate. Cerebellar and fine motor testing is normal, gait is normal. Orientation, speech and thought content appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAXALT 10MG, 1 PO, MAXIMUM TWICE A DAY #12 X 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (Updated 06/04/2013), Rizatriptan (Maxalt).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAD, MIGRAINE MEDICATIONS.

Decision rationale: While the medical records indicate that the patient has a history of migraine headaches, there is no documentation of confirmed migraine headaches or efficacy of Maxalt for his headaches. The records also indicate the patient is evaluated for neck pain and left shoulder pain. There is no evidence to support the use of Maxalt for neck pain or shoulder pain. Based on the lack of documentation to support the use of Maxalt for his current complaints, the request of Maxalt 10mg #12 with 3 refills is not medically necessary and appropriate.