

Case Number:	CM13-0061308		
Date Assigned:	12/30/2013	Date of Injury:	09/25/1990
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, headaches, migraines, and myalgias reportedly associated with an industrial injury of September 25, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; Botox injections; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 19, 2013, the claims administrator denied a request for Xyrem, stating that the applicant did not meet FDA approved indications for the same. The applicant's attorney subsequently appealed. A clinical progress note of January 11, 2013 is notable for comments that the applicant carries diagnoses of chronic migraine and myofascial pain syndrome superimposed on issues with hypothyroidism. The applicant was on Armour Thyroid, Xyrem, Prometrium, aspirin, Zomig, Maxalt, Imitrex, Prozac, Tenormin, and Botox as of that point in time. On office visits of August 20, 2013 and April 19, 2013, the applicant was again described as using Xyrem. The operating diagnosis given was chronic migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xyrem 500 and 475: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Drugs.com, Xyrem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Xyrem Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Xyrem is a prescription medication used to treat applicants who fall asleep frequently during the day owing to diagnosis of narcolepsy or cataplexy. In this case, however, it is not clearly stated that the applicant carries either diagnosis of narcolepsy or cataplexy for which ongoing usage of Xyrem would be indicated. The information on file suggested the applicant carries a primary diagnosis of chronic migraine headaches, with ancillary diagnosis of depression, hypertension, and hypothyroidism. Thus, the applicant did not carry either diagnosis of cataplexy or narcolepsy for which Xyrem would be indicated. Accordingly, the request is not certified, on Independent Medical Review.