

Case Number:	CM14-0001828		
Date Assigned:	01/22/2014	Date of Injury:	03/20/2000
Decision Date:	03/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 56 year old female who reported an injury on 3/20/00. The patient's diagnoses include intervertebral lumbar disc disorder with myelopathy in the lumbar region; CRPS symptoms; status post right carpal tunnel release, DeQuervain's release and ulnar nerve transposition; left carpal tunnel syndrome; impingement syndrome of the right shoulder; cervical spine sprain/strain syndrome with associated cervicogenic headaches; residual DeQuervain's syndrome; and spinal cord stimulator and SCFS dual octrode implant on 10/9/08 with revision on 4/26/12. The patient's medications were noted to be Norco 10/325mg, Fexmid 7.5mg, Prozac 20mg, Prilosec 20mg, Colace 100mg, MS Contin 30mg, 60 Senokot, Topamax 25mg, Restoril 30mg, and 18 Imitrex 100mg. The mechanism of injury was not provided. The patient was noted to have ongoing pain in the neck with associated cervicogenic headaches. The patient was noted to routinely receive trigger point injections that provided 50% of pain relief, lasting three weeks. It was indicated that the patient's most bothersome complaint was headaches, and the patient requested to go back on Relpax, which had been effective in managing her pain. It was indicated that the Relpax had repeatedly been denied, and the patient was being dispensed Imitrex 100mg in its place, which was beneficial. The discussion included that the patient be placed back on Relpax, which was effective in managing her migraine headaches

IMR ISSUES, DECISIONS AND RATIONALES

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

Relpax 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated that the patient had cervicogenic headaches. There was a lack of documentation indicating that the patient had migrainous signs and symptoms to support treatment with a triptan. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for a prescription of Relpax 40mg is not medically necessary.