

Case Number:	CM14-0002189		
Date Assigned:	04/28/2014	Date of Injury:	12/08/2010
Decision Date:	06/13/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/06/2014

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 post concussion syndrome and posttraumatic headaches reportedly associated with an industrial injury of December 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report of January 2nd, 2014, the claims administrator denied a request for Maxalt, stating that the applicant did not carry a diagnosis of migraine headaches for which ongoing usage of Maxalt would be indicated. The claims administrator stated that it cited the MTUS Chronic Pain Medical Treatment Guidelines, however, these guidelines did not appear anywhere in the text of the report or the rationale. The applicant's attorney subsequently appealed. A September 28, 2013 progress note was notable for comments that the applicant reported ongoing head pain, headaches, cognitive deficits, and fatigue. The applicant's medication list at that point included Dilaudid, Topamax, Norco, Maxalt, Zomig, and Neurontin. The applicant was off of work, on total temporary disability, it was suggested. It was stated that ongoing usage of Dilaudid reduced the applicant's pain levels from 8/10 to 2/10. The applicant was apparently given limitations which were resulting in her removal from the workplace. It was suggested that the applicant's employer was unable to accommodate her limitations. It was also suggested that the applicant should eschew bright lights. An earlier note of August 23rd, 2013 somewhat incongruously reported that the applicant was working part time as a clerk and stated in another section of the report that the applicant should be considered off of work if her employer is apparently unable to accommodate her limitations. The applicant was described as using Maxalt, Dilaudid, Topamax, Norco, Zomig, Neurontin, and Nucynta at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAXALT 10MG #9 WITH 5 REFILLS: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.pdr.net/full-prescribing-information/maxalt?druglabelid=364>.

Decision rationale: The MTUS does not address the topic. As noted in the Physician's Drug Reference (PDR), Maxalt is indicated in the acute treatment of migraine headaches in applicants in whom a clear diagnosis of migraine headaches has been established. In this case, however, the documentation on file does not establish a clear diagnosis of migraine headaches, nor does it establish a presence of functional improvement as defined in MTUS 9792.20f with ongoing usage of Maxalt. The attending provider has not detailed or expounded upon the applicant's earlier response to Maxalt. Multiple progress notes suggested that the applicant has issues with cognitive deficits, fatigue, postconcussion syndrome, chronic head pain, and traumatic brain injury. Migraine headaches are never explicitly mentioned as a diagnosis. It is further noted that it does not appear that the applicant is working. The attending provider has not detailed the applicant's response to Maxalt. There is no evidence of a favorable response to ongoing Maxalt usage. There is no evidence that Maxalt has generated appropriate analgesia and/or improved performance of activities of daily living. Therefore, the request is not medically necessary both owing to the lack of diagnostic clarity and owing to the lack of documentation as the applicant's earlier response to Maxalt.