

<b>Case Number:</b>	CM14-0004998		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/15/2003
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Family 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 49-year-old male with a 10/15/03 date of injury. Mechanism as described falling 6 feet from a scaffold. The patient sustained bilateral wrist fractures, carpal tunnel release, bilateral shoulder arthroscopy, left shoulder surgery, cervical and lumbar radiculopathy. Exam describes facet tenderness C4-7 and spasm extending to both trapezii. Review of the records describe low back pain, cervical radiculopathy, epidural injections. Medications described include Topamax, Lidoderm, Percocet, Relpax as prescribed by the neurologist for a diagnosis of cervicogenic headaches that apparently benefited from a cervical epidural injection. Records also describe Relpax 40 mg one tablet at "headache" onset. The treating provider has requested Relpax 40mg # 18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RELPAK 40MG #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Citation: Official Disability Guidelines (ODG) Head Chapter.

**Decision rationale:** The Official Disability Guidelines (ODG) describes that triptans are recommended for migraines sufferers. In this case, there is insufficient documentation of migraines. The prior adverse determination was reviewed describing lack of an indication for Relpax, specifically migrainous headaches. Review of the documentation describes "headache". The frequency of migraines, intensity, aura, or efficacy of Relpax has not been discussed. Relpax is eletriptan, indicated for the acute treatment of migraine with or without aura and adults. The medical necessity for the requested item has not been established. Therefore, the request for Relpax 40 mg # 18 is not medically necessary and appropriate.