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| Case Number: | CM14-0007520 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 03/27/2003 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 44-year-old female with a date of injury of March 27, 2003. The mechanism of injury was a fall to the ground. When a coworker pushed the injured worker out of the way when it was realized that a pipe was about to land on top of her. The claimant awoke on the ground with a headache and was later informed that she sustained a concussion. A progress note dated October 14, 2013 is provided for review in support of the above noted request indicating that the injured worker presents with intermittent headache. She continues to attend acupuncture which maintains her pain level at approximately 4/10 on the VAS. Prior to acupuncture, the pain was rated 10/10. Additionally, Ambien is prescribed to assist with sleep. Maxalt is prescribed for the treatment of headaches as needed. This record also notes that the claimant is on Pristiq to help the pain related sleep in mood disorder. The Reading is taken for allergies. The record indicates that with the use of the medications, the claimant's symptoms are adequately managed. Physical examination reveals independent ambulation. A normal affect is noted in the claimant converses appropriately. Judgment appears appropriate. The diagnosis noted is postconcussion syndrome, crush injury to the finger, and depressive disorder. The treatment recommendation is for continued pharmacotherapy as noted above. The record indicates that the medication is documented to increase the claimant's functional level without. Significant adverse effects. Home exercise program is recommended to be continued. As well as acupuncture. Follow-up in one month is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORATIDINE 10MG TAKE 1 TABLET DAILY AS NEEDED #30 WITH 3 REFILLS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/2566536](http://www.ncbi.nlm.nih.gov/pubmed/2566536) - Loratadine

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

Decision rationale: The record notes that the above noted medication is being recommended for the treatment of allergies. The history provides no documentation of the claimant's symptomatology, as it pertains to allergy symptoms. Additionally, there's no physical examination noted to support the diagnosis for which this medication has been prescribed. In the absence of the appropriate documentation to support the diagnosis for the treatment recommendation, this request is recommended for non-certification. The request for Loratidine 10mg Take 1 Tablet Daily As Needed #30 With 3 Refills is not medically necessary and appropriate.

AMBIEN 10MG AT BEDTIME AS NEEDED #30: 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, Ambien, (Updated 1/7/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain (Chronic) (05/15/14).

Decision rationale: This medication is a short acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia (2-6 weeks). When used on a long-term basis. These medications can be habit-forming, and may impair function and memory more than opioid pain relievers, and can increase pain over the long-term. When noting that the long-term use of this medication is not supported and is discouraged by the guidelines, and that this medication is being used on a long-term basis, this request is recommended for non-certification. The request for Ambien 10mg At Bedtime As Needed #30 is not medically necessary and appropriate.

MAXALT 10MG TAKE 1 TABLET TWO TIMES DAILY AS NEEDED #10 WITH 3 REFILLS: 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) Head Chapter, Maxalt, (Updated 11/18/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (Updated 5/28/14).

Decision rationale: Official Disability Guidelines support Maxalt (Rizotriptan) for migraine sufferers. The record notes a diagnosis of migraine and efficacy with the use of this medication. Based on the medical record provided, there is a clinical indication for the use of this medication, which is supported by the guidelines for the diagnosis noted in the generic formula (Rizotriptan). Since generic equivalents have been identified and approved for Maxalt. The generic formula would be recommended and supported by the guidelines. When noting that this request appears to be for the brand name, this request is recommended for non-certification due to the fact that the generic equivalent for this medication is available and recommended. The request for Maxalt 10mg Take 1 Tablet Two Times Daily As Needed #10 With 3 Refills is not medically necessary and appropriate.