

<b>Case Number:</b>	CM14-0013422		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

This is a 62-year old female patient with an 8/1/02 date of injury. Due to repetitive motion and a poorly designed work station at work, she developed left hand pain and left leg pain. A 1/7/14 progress report indicated that the patient complained of inability to fully flatten the left hand, difficulty with independent function of the left thumb and index finger. A 9/4/13 progress report indicated that the patient had a headache. She was diagnosed with status post left ulnar nerve transposition, status post left thumb CMC arthroplasty, status post left carpal tunnel release, thoracic outlet syndrome and multilevel disc disease of the neck. Treatment to date: medication management (Maxalt since at least 9/4/13) and physical therapy. There is documentation of a previous 1/24/14 adverse determination, because the Maxalt brand name was not financially reasonable, when a generic version of Maxalt was FDA-approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAXALT 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS does not address this issue. The ODG indicates that Maxalt is recommended for migraine sufferers. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of Rizatriptan. While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic rizatriptan would be recommended. However, there was no documentation to support pain relief on Maxalt. In addition, the generic drug Rizatriptan, was also FDA approved and financially more affordable. There is no documentation provided to support the brand-name version over the generic version. Therefore, the request for Maxalt 10mg #30 is not medically necessary.