

Case Number:	CM14-0150424		
Date Assigned:	09/18/2014	Date of Injury:	01/19/2007
Decision Date:	10/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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 initial date of the utilization review under appeal is 08/18/2014. The patient was injured when he fell and sustained a right wrist fracture and spinous fracture at L1-L2. Current treating diagnoses per treating physician note of 07/30/2014 include arm contusion, carpal tunnel syndrome, lumbar vertebral fracture, radius fracture, shoulder impingement, cubital tunnel syndrome, epicondylitis, spinal fusion, and orthopedic pain syndrome. The patient was seen 07/30/2014 in primary treating physician follow-up. The patient reportedly awakens every morning with a terrible backache and headache and found it difficult to function without Fiorinal for the headache and Celebrex for his low back pain. Apparently he was concerned about a review not approving these medications. The treating physician opined that he was not sure what better alternatives to Fiorinal were, other than perhaps Relpax. The treating physician noted the patient's pattern of headaches appeared to be triggered by his spine, and he had sensitivity to light with those headaches as well. The treating physician recommended Relpax as directed at the onset of a headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relpax 40mg #12 with refills for 5 months: 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) Treatment

Index, 12th ed. (web), 2014Head Chapter,
Triptans<http://www.drugs.com/search.php?searchterm=Relpax>

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

Decision rationale: This medication is not discussed in California Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Head discusses this class of medication under Triptans and notes that Triptans are recommended for migraine sufferers and that all oral Triptans are effective and well tolerated. The medical records in this case do not clearly establish the diagnosis of migraine headaches; thus, the indication for this medication is uncertain. While it may be appropriate to utilize this medication diagnostically, it is not clear why 5 refills would be appropriate without physician follow-up and monitoring or supervision. For that reason this request for Relpax with 5 refills is not supported by the treatment guidelines. Therefore, the request for Relpax 40mg #12 with refills for 5 months is not medically necessary and appropriate.