

Case Number:	CM14-0157444		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 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 42-year-old female who sustained injury on May 27, 2004. The injured worker was seen by the provider on February 5, 2013 for initial consultation regarding medication management with complaints of constant pain in her neck and back with pain level of 9/10. She reported that her average pain level without medications was 5/10. Her medication regimen consists of Xanax once at night, Ibuprofen once to twice a day, and Tylenol with codeine thrice a day. The examination of the cervical spine revealed tenderness over the paraspinals, suboccipital pain and left myofascial pain with trapezius and levator scapulae, restricted range of motion, as well as positive Spurling's maneuver centrally. The motor strength of the upper extremities was decreased and there was patchy loss of sensation along left C5-C7. He was reevaluated by the provider on November 13, 2013 and complained of ongoing neck pain and headaches with worsening left arm pain and numbness. She also noted occasional left hand symptoms to a similar degree and intensity with work activity. She reported pain level of 8/10 without medications and 4/10 with medications, keeping her functional and allowing increased mobility and tolerance to activities of daily living and home exercises. Her medications include Tylenol with codeine every eight hours, Ibuprofen, Fexmid, and Senna every 12 hours, Lidoderm patch applied alternately 12 hours on and 12 hours off, as well as lidocaine cream twice to thrice a day. There was no change in the objective findings of the cervical spine. The injured worker returned to the provider on February 7, 2014 with complaint of increased neck and left shoulder pain with increased activity and traveling. She also complained of left low back pain and spasm not responding to Fexmid as well as worsening pain in her left posterior leg extending to her foot with numbness and weakness. She reported that her medications reduced her pain level from 8/10 to 4/10 with same benefits of increased functionality. Her medications were the same with the addition of hydrocodone-acetaminophen every eight to 12 hours and baclofen every 12 hours.

The examination findings in the cervical spine remained unchanged. In her follow-up visit on July 24, 2014, the injured worker complained of increased pain in her low back, shoulders and neck with continued radiating pain in her left upper and lower extremities with associated numbness and tingling sensation. She also noted increase in her migraine frequencies and associated nausea to the point where she had vomited while working. Her medication regimen remained the same. Maxalt-MLT once a day, which may be repeated in two hours, maximum of thrice a day was prescribed for migraine attack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt-MLT 10mg #18 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Rizatriptan (Maxalt)

Decision rationale: Although use of Maxalt is recommended by the Official Disability Guidelines for treatment of migraine headaches, monitoring of the injured worker's response to such treatment is however essentially warranted to support its continued use. The Chronic Pain Medical Treatment Guidelines states that the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side-effects. In this case, despite the continued use of Maxalt, the injured worker still complained of increase migraine frequencies with associated nausea and vomiting; thus, rendering this medication as ineffective. Therefore, medical necessity is not established.