

Case Number:	CM14-0024010		
Date Assigned:	05/12/2014	Date of Injury:	12/08/2010
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for post-concussion syndrome and posttraumatic headaches reportedly associated with an industrial injury of December 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychological counseling; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for Dilaudid and Maxalt. Overall rationale was sparse. The utilization reviewer stated, somewhat incongruously, that usage of Dilaudid had been beneficial but nevertheless denied the same. The attending provider also stated that the applicant should use over-the-counter medications for headaches in lieu of Maxalt. The cited guidelines were not incorporated into the body of the Utilization Review Report rationale. The applicant's attorney subsequently appealed. On September 20, 2013, the applicant presented with persistent head pain, headaches, cognitive deficits, and fatigue. The applicant was reportedly on Dilaudid, Topamax, Norco, Maxalt, Zomig, and Neurontin, it was suggested. The applicant was off of work, on total temporary disability, it was acknowledged. It was stated that usage of Dilaudid was dropping the applicant's pain scores from 8/10 to 2/10. It was stated that the applicant could be hospitalized without usage of Dilaudid. It was stated that the applicant would be bedridden without Dilaudid. The applicant was given a refill of Dilaudid. The applicant's work status was not clearly reported. The attending provider seemingly gave the applicant restrictions which were effectively resulting in her removal from the workplace as the attending provider was writing comments such as "no bright lights."

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG #30 WITH NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the applicant, in addition to using Dilaudid, is also using another short-acting opioid, namely Norco. It is not clear why two separate short-acting opioids are needed or indicated here. Therefore, the request is not medically necessary.

MAXALT 10MG #9 WITH 5 REFILLS: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> <http://www.pdr.net/full-prescribing-information/maxalt?druglabelid=364>INDICATIONS AND USAGEMAXALT is a serotonin (5-HT) 1B/1D receptor agonist (triptan) indicated for the acute treatment of migraine with or without aura in adults and in pediatric patients 6 to 17 years of age (1)Limitations of Use:-Use only after clear diagnosis of migraine has been established (1)-Not indicated for the prophylactic therapy of migraine (1)-Not indicated for the treatment of cluster headache (1).

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), Maxalt is indicated in the acute treatment of migraine headaches in adults and pediatric patients. In this case, the applicant does seemingly carry a diagnosis of migraine headaches for which ongoing usage of Maxalt is indicated. The applicant does have apparent symptoms of photophobia which accompany her headaches, it has been suggested. Usage of Maxalt to combat intermittent breakthrough migraine headaches is indicated and appropriate. Therefore, the request is medically necessary.