

Case Number:	CM14-0033585		
Date Assigned:	06/04/2014	Date of Injury:	12/28/2007
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 60-year-old female injured on 12/28/2007. The mechanism of injury was not listed. The most recent progress note, dated 2/21/2014, indicated that there were ongoing complaints of left shoulder pain, neck pain, low back pain, hand pain and headaches. Physical examination was illegible. MRI of the cervical spine, dated 10/22/2013, demonstrated disc protrusions at C3-C4, C4-C5 and C6-C7 with no significant canal or foraminal narrowing, mild facet arthropathy noted in the mid-cervical spine. Previous medications include Tylenol, amlodipine, Atenolol and Protonix. A request had been made for Maxalt 10 mg #30 and was not recommended in the pre-authorization process on 3/4/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, online edition.

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

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address Maxalt. Official Disability Guidelines (ODG) guidelines support the use of Maxalt for the treatment of migraine headaches. Given the available medical records and clinical documentation provided, there is no indication for a "Triptan." As such, this request is not considered medically necessary.