

<b>Case Number:</b>	CM14-0044987		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57 year old with an injury date on 11/3/98. Patient complains of an exacerbation of low lumbar pain last week, with pain radiating to bilateral lower extremities with numbness/tingling per 3/14/14 report. Patient also complains of migraine headaches for the past month, bilateral shoulder pain per 1/3/14 report. Based on the 3/14/14 progress report provided by [REDACTED] the diagnoses are: 1. exacerbation of lower back pain with functional decline 2. Lumbar spondylosis 3. Neuropathic pain Exam on 3/14/14 showed "L-spine range of motion decreased, with extension limited to 01 degrees. Positive straight leg raise bilaterally." Patient's treatment history includes a trigger point injection which gave improvement for 2 weeks. [REDACTED] is requesting Relpax 40mg #60. The utilization review determination being challenged is dated 4/4/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/15/13 to 4/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replax 40 mg #60:** 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 Medication for pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans

**Decision rationale:** This patient presents with lower back pain, and bilateral leg pain. The treating physician has asked for Relpax 40mg #60 on 3/14/14. Regarding triptans, ODG recommends for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. In this case, the patient has been taking Relpax for 2 months without documentation of effectiveness. Regarding medications for chronic pain, MTUS pg. 60 states the treating physician must keep a record of pain and function. The requested Relpax 40mg #60 is not medically necessary in this case.