

Case Number:	CM14-0053012		
Date Assigned:	08/22/2014	Date of Injury:	11/18/2002
Decision Date:	10/02/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Nevada. 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 records presented for review indicate that this 56 year old female was reportedly injured on June 9, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 14, 2014, indicates that there are ongoing complaints of neck pain and low back pain with numbness and tingling in both legs. There was also a complaint of bilateral knee pain. The physical examination demonstrated decreased muscle strength of the lower extremities at 4/5. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C5 to C6 and disc bulging at C6 to C7 with facet joint hypertrophy. An MRI the lumbar spine was normal. An MRI the right knee revealed a complex tear of the posterior horn of the medial meniscus. Previous treatment includes knee braces, oral medications, and a cane for ambulation a request had been made for Frova 2.5 milligrams and was not certified in the preauthorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Frova 2.5mg 1x daily prn #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter: Migraine Pharmaceutical treatment

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604013.html>

Decision rationale: Frova is a selective serotonin receptor agonist medication used to treat the symptoms of migraine headaches. According to the most recent progress note dated July 14, 2014, which prescribes this medication, there are no complaints or a diagnosis of migraine headaches. As such, this request for Frova 2.5 mg, twelve count, is not medically necessary or appropriate.