

Case Number:	CM14-0069513		
Date Assigned:	07/14/2014	Date of Injury:	02/17/2004
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain 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:

This is a 39-year-old male with a 2-17-2004 date of injury. A specific mechanism of injury was not described. 4/25/14 determination was modified. Certification was given for Gabapentin and Nortriptyline, and non-certification was rendered for Rizatriptan Benzoate (Maxalt tablet). Reason for non-certification included no indication that the patient suffered from migraines and no significant improvement due to the use of Maxalt tablet. 4/4/14 medical report identified that the patient was seen for a pre-operative visit and that the patient was undergoing a revision of the SCS battery. There were complaints of pain in the back, right hip, and right upper extremity. Pain level was 9/10. Exam revealed motor and sensory intact. Palpation over the hip at the generator elicited pain symptoms. Diagnoses include RDS upper extremity and disorder musc/ligament/fascia. Records indicate that Maxalt was given for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan Benzoate (Maxalt tablet) 10mg #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 (ODG) Treatment Index, 11th edition (web) 2013, Head chapter, Rizatriptan (Maxalt).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Rizatriptan (Maxalt®).

Decision rationale: The Official Disability Guidelines states that Maxalt is recommended for migraine sufferers. While there is indication that the medication was prescribed for headache, there was no indication that the patient had migraines. There were no further details on the patient's headaches, such onset, duration, and associated symptoms. In addition, records failed to indicate any improvement with the medication. There was insufficient documentation to support this request, and therefore, the medical necessity was not substantiated.