

<b>Case Number:</b>	CM14-0089157		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 injured worker is a 36-year-old female who was reportedly injured on May 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 20, 2014, indicated that there were ongoing complaints of cervical spine pain and difficulty sleeping. The physical examination demonstrated decreased cervical spine range of motion with tenderness along the cervical paraspinal muscles. There was pain with facet loading and a negative Spurling's test. There was tenderness along the trapezius muscles. A neurological examination noted decreased sensation over the hand and lateral forearms bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included Botox injections. A request was made for Inderal LA, Maxalt MLT, Topamax and Rozerem and was non-certified in the pre-authorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inderal LA 80mg #60:** 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), Diabetes Chapter: Hypertension 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/a682607.html>

**Decision rationale:** Inderal is a medication used to treat high blood pressure, abnormal heart rhythms, heart disease and certain types of tremors. It is also used to improve survival after a heart attack. The injured employee is not diagnosed with any of these conditions nor is there any stated improvement with use of this medication regarding the injured worker's migraine headaches. As such, this request for Inderal LA is not medically necessary.

**Maxalt MLT 10mg #9:** 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), Head Chapter, Online Version, Rizatriptan (Maxalt)

**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/a601109.html>

**Decision rationale:** Maxalt is a medication used to treat the symptoms of migraine headaches. Although the injured worker has been diagnosed with migraine headaches, there is no documentation regarding the efficacy of this medication for the injured worker. As such, this request for Maxalt MLT is not medically necessary.

**Topamax 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**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/a697012.html>

**Decision rationale:** Topamax is a medication used to help treat seizures for individuals who have epilepsy. It is also used to help prevent migraine headaches when they occur. There is no documentation in the medical record stating that the injured employee has any relief with use of this medication. As such, this request for Topamax is not medically necessary.

**Rozerem 8mg #30:** 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), Pain Chapter, Insomnia 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/a605038.html>

**Decision rationale:** Rozerem is a medication used to help individuals who have sleep onset insomnia so they can fall asleep more quickly. The use of Rozerem is no longer included in the treatment plan dated May 20, 2014. As such, this request for Rozerem is no longer medically necessary.