

Case Number:	CM14-0090080		
Date Assigned:	07/25/2014	Date of Injury:	02/02/2001
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 02/02/2001 due to an unknown mechanism. Diagnoses were right lower extremity complex regional pain syndrome, left cervical radiculopathy, chronic pain syndrome, chronic daily headaches, morbid obesity, depressive disorder with generalized anxiety, and gastroesophageal reflux disease. Past treatments were medications. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 04/30/2014 revealed complaints for severe neck pain and left upper extremity pain. Examination revealed severe left paracervical guarding and tenderness that extended into the chest wall. There was positive left axial head compression and left Spurling sign. There was weakness in the left upper extremity. There were persistent dysesthesias and hyperalgesia in the right leg and right global leg weakness. Medications were Axert 12.5 mg as needed for migraine, Lyrica 100 mg, tizanidine 4 mg, Dexilant 60 mg, Orthogel, and Paxil. The treatment plan was for physical therapy and an MRI of the cervical spine. The rationale and the Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axert 12.5mg, qty 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, Updated 03/28/14, Triptans.

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

Decision rationale: The decision for Axert 12.5 mg, quantity 12 is not medically necessary. The Official Disability Guidelines for Migraine Pharmaceutical Treatment recommend triptans 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 1 triptan does not predict a poor response to other agents in that class. Melatonin is recommended as an option given its favorable adverse effect profile. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, it is not medically necessary.