

<b>Case Number:</b>	CM14-0109605		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/20/1999
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 male patient, who sustained an industrial injury on 09/20/1999. A request was made for Maxalt 10MG. A follow up visit dated 06/05/2014 reported the patient diagnosed with chronic lumbar spine pain with sciatica; back muscle spasm, myofascitis neck and occipital neuralgia. The patient is instructed to stay off from work. The plan of care involved drug screening, laboratory work up, prescribing Maxalt 10MG daily and Ultram 50MG three times daily. On 07/03/2014, Utilization Review, non-certified the request, noting the ODG, Head chapter, Rizatriptan was cited. The injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 10mg:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine pharmaceutical treatment <http://www.odg-twc.com/index.html>Triptans<http://www.odg-twc.com/index.html>.

**Decision rationale:** Maxalt is a triptan used for the treatment of migraine headaches. According to ODG guidelines for the treatment of migraine "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 one triptan does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic migraine."Triptans "recommended 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. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCrary, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005) Rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. (Gobel, 2010) While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, the economic value of rizatriptan depends on the payer's perspective, as the greatest savings can be expected to be achieved in terms of reduced migraine-related loss of work productivity compared with less effective treatments. (Mullins, 2007) (McCormack, 2005) According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic rizatriptan would be recommended. (FDA, 2013) See also Migraine pharmaceutical treatment."There is no documentation that the patient is suffering from migraine headache and there is no justification for the prescription of maxalt. Therefore, the request is not medically necessary.