

Case Number:	CM14-0189446		
Date Assigned:	11/20/2014	Date of Injury:	08/19/2004
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal 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:

The injured worker (IW) is a 54-year-old man with a date of injury of August 19, 2004. The mechanism of injury occurred while lifting barricades onto a truck. The IW developed pain from his neck to his lower back. The injured worker's working diagnoses are lumbar discogenic disease with radiculitis; chronic low back pain; and intractable pain. Pursuant to the progress note dated September 17, 2014, the IW complains of low back pain. The pain is unbearable without medications. He reports he is more than 50% improved with medications. Examination of the lumbar spine reveals spasm, painful range of motion (ROM), as well as limited ROM. He has positive straight leg raising on the right to 50 degrees and on the left to 60 degrees. Decreased sensation bilaterally at L4-L5 and L5-S1 was noted. Treatment plan includes home exercise program, Oxycodone 30mg, Norco, Relpax 40mg, Zantac 300mg, Valium 10mg, and TENS unit. The medical record does not contain subjective or objective documentation regarding headaches or migraine headaches. There is no past medical history regarding migraines or vascular headaches. The current request is for Relpax 40mg #7 (MED 310).

IMR ISSUES, DECISIONS AND RATIONALES

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

Relpax Tab 40mg #7 (MED 310): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 68, 78 & 80.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Relpax 40 mg #7 is not medically necessary. Relpax is a Triptans drug. At marketed doses, all Triptans are effective and well tolerated. Triptans are recommended for migraine sufferers. In this case, the injured worker's working diagnoses are lumbar discogenic disease with radiculitis; chronic low back pain; and intractable pain. There is no documentation in the medical record to support the use of Relpax. There was no documentation in the medical record indicating the injured worker suffers with headache, migraine headache. There is no past medical history of migraine headache or vascular headaches. Consequently, absent the appropriate clinical documentation to support the use of Relpax. Relpax 40 mg #7 is not medically necessary.