

Case Number:	CM14-0196208		
Date Assigned:	12/04/2014	Date of Injury:	11/16/2006
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in ENTER STATE. 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 patient is a 47-year-old male with an injury date of 11/16/2006. Based on the 09/22/2014 progress report, the patient presents with migraines, anxiety, and hypertension. "He is functional for less than 50% of the day with activities of daily living due to his migraines." In regards to patient's cervical spine, he has some tenderness in the bilateral upper cervical paraspinal regions. In regards to the thoracic spine, there is some slight tenderness to palpation in the upper thoracic spine and bilateral rhomboid regions. The lumbar spine has light to moderate tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions, right more than left. Seated straight leg raise was positive on the left and negative on the right. The 11/20/2014 report indicates that the patient also has low back pain in addition to his migraines. He also has chronic neck and back pain with associated radicular symptoms to his left lower extremity, headaches, and migraines. The 11/03/2014 report indicates that the patient continues to have chronic neck pain, low back pain, headaches, and migraines. No new positive exam findings were provided. The patient's diagnoses include the following:-Chronic cervicgia.-Cervical DDD, per MRI.-Chronic back pain.-Lumbar DDD, status post L5-S1 disectomy.-Left sciatic symptoms.-Chronic headaches with possible superimposed migraines.-Pain related insomnia.-Situational depression/anxiety.The utilization review determination being challenged is dated 11/14/2014. Treatment reports were provided from 11/12/2013 - 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #18 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans

Decision rationale: According to the 10/20/2014 progress report, the patient presents with chronic neck pain, low back pain, headaches, and migraines. The request is for MAXALT 10 mg #18 with 1 refill. The patient has been taking Maxalt as early as 12/10/2013. The MTUS and ACOEM Guidelines do not discuss Maxalt. However, ODG Guidelines have the following regarding triptans for headaches: "recommended for migraines 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." The 11/03/2014 report diagnoses the patient with chronic neck pain, low back pain, headaches, and migraines. The patient has been diagnosed with headaches and migraines as early as 12/10/13. Triptans are recommended for migraines for which this patient does suffer from. However, none of the reports describe this medication's efficacy. There is no documentation that the patient's migraine attacks are diminished, how often the patient is using it and with effectiveness in terms of functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of documentation regarding Maxalt's efficacy, the request is not medically necessary.