

Case Number:	CM14-0204311		
Date Assigned:	12/16/2014	Date of Injury:	10/01/2012
Decision Date:	03/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36-year-old female sustained a work related injury on 10/01/2012. According to a progress report dated 10/30/2014, the injured worker was seen for bilateral neck pain. She was status post positive fluoroscopically guided diagnostic right C6-C7 and right C7-T1 medial branch block with 80 percent improvement. The injured worker reported that Vicodin was working well. Pain was rated a 5 on a scale of 0-10. Current medications included Norco, Prilosec, Maxalt, Lyrica, Multivitamin, birth control, Lorazepam and Senna. Diagnoses included status post positive fluoroscopically guided diagnostic right C6-C7 and right C7-T1 medial branch block, status post positive fluoroscopically guided diagnostic right C2-C3 and right C3-C4 medial branch block, right cervical facet joint pain at C2-C3, C3-4, status post anterior cervical discectomy and fusion C5-C6, central disc protrusion at C6-C7 measuring 2 millimeters, facet joint arthropathy, right shoulder pain, right shoulder tendinitis, mild right carpal tunnel syndrome and anxiety and psyche. According to the provider, the injured worker was provided a prescription of Maxalt MLT to treat her migraine headaches. It was noted that it provided 100 percent improvement of her pain with 100 percent improvement of her activities of daily living such as self-care, dressing. According to the provider, the injured worker had an up-to-date pain contract and her previous urine drug screen was consistent with no aberrant behaviors. The injured worker was totally temporarily disabled. On 11/25/2014, Utilization Review non-certified Maxalt MLT 10mg #30 with 2 refills. The Official Disability Guidelines, Head, was cited for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt MLT 10mg #30 with 2 refills: Overturned

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, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Head Chapter, Rizatriptan (Maxalt)

Decision rationale: The patient presents with bilateral neck pain. The current request is for Maxalt MLT 10mg #30 with 2 refills. The treating patient states, the patient rates pain at 5/10 on visual analog scale. This is medically necessary to treat the patient's migraine headache. The Maxalt MLT meets the MTUS and ODG guidelines as it provides 100% improvement of her pain with 100% of her activities of daily living (15) The ODG Guidelines recommend Maxalt for Migraine sufferers. In this case, there is no discussion prior to the recommendation of the prescription indicating that the patient suffers from migraine headaches. The treating physician does indicate that the current request significantly helps the patient. The current request is supported by the ODG Guidelines. Recommendation is for authorization.