

Case Number:	CM14-0073557		
Date Assigned:	07/16/2014	Date of Injury:	12/02/2002
Decision Date:	12/02/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 50 year old female who reported an industrial injury on 12-2-2012. Her diagnoses, and or impressions, were noted to include: cervicgia; severe migraine headaches, and major recurring depression, severe. No imaging studies were noted. Her treatments were noted to include; psychiatric treatment, Botox, medication management (approved for Maxalt since 02-2013), and rest from work. The progress notes of 04-18-2014 reported: having shingles on her back and abdomen, and of feeling anxious and fearful. The objective findings were noted to include a consistent affect. The physician's request for treatment was noted to include Maxalt DAW 10mg, (1-2 tabs daily), #60 with 2 refills for migraines. The Request for Authorization, dated 04-18-2014, was noted to include Maxalt 10mg, #60. The Utilization Review of 9-5-1-2014 non-certified the request for Maxalt 10mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The MTUS is silent on the use of Maxalt. Per the ODG guidelines: “Recommended for migraine sufferers. See Triptans. Rizatriptan (Maxalt) is a triptan drug developed by [REDACTED], for the treatment of migraine headaches. 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, savings can be expected in 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)” Per the medical records submitted for review, Maxalt has been in use since at least 2013. The documentation does not contain evidence of functional improvement secondary to its use, as such; the request is not medically necessary and cannot be affirmed.