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| Case Number: | CM15-0002623 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 01/13/2007 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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

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:

The injured worker is a 52-year-old female who reported an injury on 01/13/2007 due to an unspecified mechanism of injury. On 11/25/2014, she presented for a followup evaluation regarding her work related injury. She reported problems with her jaw, and stated that she felt spasms in the right side. She also reported abdominal pain and bruising. A physical examination showed that she was alert and conversant with no negative effect of medications noted. There was no change in her posture and ambulation, and she remained tender in the right shoulder area. She was diagnosed with headache, TMJ disorder unspecified, pain in the shoulder joint, and concussion unspecified. The treatment plan was for Migranal spray #16. The Request for Authorization form was signed on 12/08/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Migranal Spray #16: 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), NSAIDs.

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

Decision rationale: According to the Official Disability Guidelines, triptans are recommended for migraine sufferers at marketed dosages. It is also stated that melatonin is recommended as an option. Based on the clinical documentation submitted for review, the injured worker was noted to have a diagnosis of headaches. However, there is a lack of documentation stating a clear rationale for the medical necessity of a Migranal spray. There is no indication that she has tried and failed recommended pharmaceutical treatment options to treat her headaches. There is also no indication that she is suffering from migraines. In the absence of this information, the request would not be supported by the evidence based guidelines. Given the above, the request is not medically necessary.