

Case Number:	CM15-0102542		
Date Assigned:	06/04/2015	Date of Injury:	05/22/2003
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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: Preventive Medicine, Occupational Medicine

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 51-year-old male who sustained an industrial injury on 05/22/2003. Current diagnoses include chronic pain syndrome, C6-C7 and C7-T1 disc herniation, and cervical facet joint disease, traumatic brain injury, left mild carpal tunnel syndrome, major depression/anxiety, insomnia, and migraines. Previous treatments included medications, psychotherapy, home exercise program, and Botox injections. Previous diagnostic studies include urine drug screening, EMG/NCS, and MRI of the cervical spine. Report dated 05/04/2015 noted that the injured worker presented with complaints that included neck pain, which radiates to the back of the left arm. Pain level was 4 out of 10 on a visual analog scale (VAS) with medications. It was noted that Botox injections are helping and that the injured worker has not had a headache for a month. Physical examination was positive for pain with neck oblique extension, tenderness to palpation at the cervical paraspinal muscles with limited range of motion, limited left shoulder range of motion, and decreased strength in the left upper extremity. The treatment plan included continue home exercise, follow up with another doctor, continue psychotherapy, refilled medications which included Norco, Flexeril, and Relpax, and follow up in one month. Disputed treatments include Relpax.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Relpax 40mg #18 with 1 refill: 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).

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

Decision rationale: MTUS Guidelines do not address the use of Relpax for Migraine headaches; therefore, other guidelines were consulted. Per the ODG Relax and other triptans are recommended for migraine sufferers. At marketed doses, all oral triptans 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. Per available documentation, the injured worker does suffer from Migraine headaches. There is evidence of poor pain control in this patient while using Relpax. The injured worker only received pain relief after Botox injections. The request for one prescription of Relpax 40mg #18 with 1 refill is determined to not be medically necessary.