

<b>Case Number:</b>	CM15-0018336		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 was a 41 year old male, who sustained an industrial injury, August 1, 2013. According to progress note of December 22, 2014, the injured workers chief complaint was neck pain that radiates to the head causing migraine headaches. The pain also causes numbness and tingling in the hands. The pain was so severe that the injured worker goes to the emergency room for support. The physical exam noted decreased range of motion to the cervical neck, in bilateral lateral rotation, flexion and extension. The injured worker was diagnosed with chronic neck pain, migraine headaches, myofascial pain syndrome, cervical strain/sprain, bilateral upper extremity paresthesias and disc osteophyte complex at C6-C7. The injured worker previously received the following treatments Norco, Cymbalta, Tramadol, MRI of the cervical spine, MRI of the thoracic spine, bone scan of the neck and bilateral lower extremities and X-ray of the left shoulder. According to the progress note of November 3, 2014 the injured worker has not taken Rizatriptan since July, but no explanation as to why. December 22, 2014, the primary treating physician requested a prescription for Rizatriptan tablets 10mg from headaches. On January 6, 2015, the UR denied authorization for Rizatriptan tablets 10mg. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rizatriptan 10 MG Tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head, Triptans.

**Decision rationale:** Rizatriptan is a triptan medication. It is recommended for migraine 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 diagnosis of migraine refers to a specific syndrome of recurrent headaches. The documentation does not support that the patient suffers from true migraine headache syndrome. Medical necessity has not been established. The request should not be authorized.