

Case Number:	CM15-0132971		
Date Assigned:	07/21/2015	Date of Injury:	09/12/2012
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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, 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:

The injured worker is a 32 year old female, who sustained an industrial injury on 9/12/2012. The mechanism of injury was lifting a patient from a wheelchair. The injured worker was diagnosed as having complex regional pain syndrome of the left upper extremity, left cervical sprain and left shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/9/2015, the injured worker complains of worsening left shoulder pain radiating to the left under arm, left breast and left upper back and shoulder and pain in the left neck and low back. Pain was rated 7-9/10 without pain medications and 4/10 with medications. Physical examination showed decreased cervical and left shoulder range of motion. The treating physician is requesting Maxalt 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #60: Overturned

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

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 Merck & Co. 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)" The documentation submitted for review indicates that the injured worker has used this medication since at least 12/2014. Per the most recent progress report dated 4/9/15, pain was rated 7-9/10 without pain medications and 4/10 with medications. I respectfully disagree with the UR physician's assertion that there was benefit from the ongoing use of Maxalt. The request is medically necessary.