

<b>Case Number:</b>	CM15-0141307		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 42 year old female who sustained an industrial injury on 9-2-09. Diagnoses are cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, right shoulder impingement with tendonitis and status post right shoulder arthroscopy. In a secondary treating physician's progress report dated 6-25-15, the physician notes her neck pain and headache pain remain very severe. An epidural steroid injection on 6-15-15 is reported as providing 60% relief for up to 3 weeks currently. Relief is felt in the upper extremities and does not significantly reduce neck pain. She complains of headache pain with a throbbing migraine type and happens 4-5 times per week. Neck pain continues to cause difficulty sleeping and she does not sleep more than one to two hours at a time. A plan to trial Maxalt 10mg at the onset of headache to abort intensity and frequency is noted. The treatment plan is Percocet, Lisinopril, Cymbalta, Gabapentin, Lunesta, Trial of Maxalt 10mg one each day as needed, #12, and second opinion- spinal surgeon. The requested treatment is Maxalt 10mg #12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 10mg #12:** 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 (updated 01/21/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Maxalt.

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute migraine. The patient has documented migraine headaches and therefore the request is medically necessary.