

Case Number:	CM15-0145283		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2007
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 is a 46 year old female, who sustained an industrial injury on 9-12-07 Initial complaints were of her neck and shoulder. The injured worker was diagnosed as having joint pain shoulder; symptoms involving the head-neck; cervicgia; traumatic headache; prolonged posttraumatic stress; headache. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-18-15 indicated the injured worker complains of her headaches being worse since a recent fall; photophobia has flared. She reports that Maxalt is helpful in controlling pain and maintaining independence. Her neck is stiff but medications help her maintain her activities of daily living. She is going to switch to on land therapy. Her shoulder pain has no change and maintaining a reasonable level of comfort with medications. The provider is requesting authorization of Pharmacy purchase of Maxalt 5mg #12 with 12 refills and Dexillant 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Maxalt 5mg #12 with 12 refills: Upheld

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

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: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines maxalt is only recommended for migraines. While patient has been receiving this medication for years and has claimed improvement in headaches with this medication, patient has no diagnosis of migraines. Patient has poorly controlled headaches with no documented treatment for headaches by a neurologist. The number of refills is also not appropriate as it would allow a prolonged use of this medication with no supervision. The lack of appropriate diagnosis and long term management of headache and inappropriate number of refills is not medically appropriate. Maxalt is not medically necessary.

Dexilliant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Proton pump inhibitors (PPIs).

Decision rationale: Dexilant is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on any NSAIDs from medication list provided and there is no documentation of dyspepsia. It is unclear why patient was prescribed this medication. Patient is not high risk for GI bleeding. It is unclear why provider picked Dexilant since as per ODG, it is considered a second line PPI. Dexilant is not medically necessary.