

Case Number:	CM15-0166923		
Date Assigned:	09/04/2015	Date of Injury:	02/20/2003
Decision Date:	10/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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, 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 was a 38-year-old female, who sustained an industrial injury, February 20, 2003. The injury was sustained when the injured worker was falling into a chair and twisted. According to medication progress note of August 10, 2015, the injured worker was taking Zofran for nausea related to medications. The injured worker took Maxalt for headaches. The progress note of June 4, 2015, the injured worker's chief complaint was increased back and bilateral knee pain. The injured worker did not do well on Trazodone and had to be weaned off the medications. The injured worker has had a good response to Topamax. The physical exam noted the injured worker walked with a non-antalgic gait. There was decreased range of motion in the lumbar spine. There was tenderness with palpation of the paraspinal muscles and spinous processes of the lumbar and thoracic spine. The injured worker was diagnosed with mechanical low back pain, discogenic low back pain. The injured worker previously received the following treatments Maxalt for headaches, Zanaflex, Zofran for nausea, Nexium, Topamax, Gabapentin, Lunesta, physical therapy, status post lumbar fusion in 2009, and physical therapy and home exercise program. The RFA (request for authorization) dated the following treatments were requested prescriptions of Maxalt and Zofran. The UR (utilization review board) denied certification on August 17, 2015 of the prescription for Maxalt which was modified and Zofran was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg qday #36 (brand name): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address the use of Maxalt. Maxalt is a triptan medication indicated for treatment of migraine headaches. In this case, the patient has chronic low back pain and states she uses Maxalt on a once a week or more basis for headache and have headache-free intervals of up to 10 days. The request is for Maxalt 10 mg. #36. In this case, there is no clear documentation of the diagnosis of migraine headache. There is no neurology referral to confirm the diagnosis and recommend additional/alternative therapy. In addition, the applicant's response to Maxalt is not adequately documented and there is no evidence of a favorable response to ongoing use of Maxalt. Therefore, the request is not medically necessary or appropriate.

Zofran 4mg q 8hrs prn #90 (brand name): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic, Zofran).

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address the use of Zofran. ODG recommends Zofran for acute use in cases of nausea/vomiting secondary to chemotherapy, radiation therapy and for post-operative nausea. Zofran is not recommended for use in nausea/vomiting secondary to opiate use. It is also not recommended for nausea associated with headaches. In this case, it is not clear whether the Zofran is being prescribed for an associated reflux condition or nausea accompanying headaches or some other reason. The patient is taking Nexium for her reflux condition; therefore, the chronic use of Zofran is not indicated. The request is not medically necessary or appropriate.