

Case Number:	CM15-0181197		
Date Assigned:	09/22/2015	Date of Injury:	09/02/2010
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female who sustained an industrial injury September 2, 2010. Diagnoses are cervical disc disease C3 through T1 causing central stenosis and foraminal stenosis; cervicogenic headaches; chronic pain syndrome. Past treatment included x-rays of the cervical spine, physical therapy, and chiropractic treatments, injections, cervical collar and pillow. According to a treating physician's progress report dated August 25, 2015, the injured worker has constant pain, motion loss, stiffness, weather effects, shooting pain in the right arm when reaching with the elbow, difficulty reaching when performing overhead work with the right arm. She has a sense of grip loss, dropping things, and limitation in pushing and pulling. Objective findings included; neck flexion is no more than 20 degrees, extension 40 degrees, tilting 15 degrees, rotation 55 degrees, right greater than left; shoulder abduction 110 degrees; reflexes symmetric; sensory function is increased on the right side; tenderness along the facet, especially on the right side with facet loading positive. At issue, is a request for authorization dated August 25, 2015, for Maxalt 10mg (DOS 8-25-2015) Quantity: 24 and Maxalt 10mg (DOS 8-25-2015) Quantity: 24 and Maxalt 10mg (DOS 9-25-2015) Quantity: 24. According to utilization review dated September 3, 2015, the request for Ultracet 37.5mg (DOS 8-25-2015) Quantity: 60 are certified. The request for Ultracet 37.5mg (DOS 9-25-2015) Quantity: 60 are certified. The request for Lunesta 2mg (DOS 8-25-2015) Quantity: 30 are certified. The request for Lunesta 2mg (DOS 9-25-15) Quantity: 30 are certified. The request for Effexor XR 75mg (DOS 8-25-2015) Quantity: 60 are certified. The request for Effexor XR 75mg (DOS 9-25-2015) Quantity: 60 are certified. The request for Remeron 50 mg (DOS 8-25-2015) Quantity: 30 are certified. The request for Remeron 50 mg (DOS 9-25-2015) Quantity: 30 are certified. The request for Maxalt 10mg (DOS 8-25-2015) is non-certified. The request for Maxalt 10mg (DOS 9-25-2015) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg (8/25/15) #24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Maxalt 10mg (8/25/15) #24 is not medically necessary per the ODG. The MTUS does not address Maxalt. The ODG states that Maxalt is recommended for migraine sufferers. The documentation is not clear that this patient has true migraines. The request for Maxalt is not medically necessary.

Maxalt 10mg (9/25/15) #24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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®).

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