

Case Number:	CM15-0185405		
Date Assigned:	09/25/2015	Date of Injury:	07/31/2000
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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:

This is a 64-year-old female whose date of injury was July 31, 2000. Medical documentation from July 22, 2015 indicated the injured worker was treated for cervical degenerative joint disease. She reported constant pain in her neck, frequent headaches, and muscle spasms across the neck and shoulder girdle, burning sensation and weakness in the left arm. She reported that she could not function without her medication regimen. She reported a 50% reduction in pain and functional improvement with activities of daily living with her medications. Her pain rating was 8 on a 10-point scale (8 on 5-6-15) at the time of evaluation. Her pain rating with medications was 4 on a 10-point scale (4 on 5-6-15) and without meds a 10 on a 10-point scale (10 on 5-6-15). Medications include Duragesic patch 50 mcg, Norco 10-325 mg, Maxalt MLT 10 mg (since at least 7-24-14), Robaxin 750 mg and Ambien 10 mg. Her urine drug screens were appropriate. Objective findings included limited neck range of motion in all planes, muscle spasm over the cervical paraspinal muscles and loss of cervical lordotic curvature due to intrinsic muscle spasm. She was status post anterior and posterior cervical spine fusion from C4-C7. Post-operative MRI with CT evaluation revealed a solid fusion; however, evaluating physician noted that hypertrophic change demonstrated in the posterior aspect of the odontoid with mass effect over the cervical medullary junction could be compromising the cord causing frequent headaches. A request for authorization for Maxalt MLT 10 mg #9 was received on August 10, 2015. On August 17, 2015, the Utilization Review physician determined Maxalt MLT 10 mg #9 was not medically necessary based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt MLT 10mg #9: 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) Head-Rizatriptan (Maxalt).

Decision rationale: Maxalt MLT 10mg #9 is not medically necessary per the ODG guidelines. The MTUS does not address Maxalt or triptan medications. The ODG states that Maxalt is recommended for migraine headaches. The documentation is not clear that the patient has pure migraine headaches or has had significant objective functional improvement from prior Maxalt treatment. The request for Maxalt is not medically necessary.