

<b>Case Number:</b>	CM15-0188641		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 38 year old female, who sustained an industrial injury on 07-15-2005. She has reported injury to the neck. The diagnoses have included C5-C6 degenerative disc bulge with severe bilateral foraminal narrowing and subsequent radiculopathy; chronic cervical pain syndrome; and likely thoracic outlet syndrome. Treatment to date has included medications, diagnostics, activity modification, trigger point injections, cervical epidural steroid injection, and physical therapy. Medications have included Norco, Baclofen, Terocin patch, and Rizatriptan. A progress report from the treating physician, dated 06-11-2015, documented that the injured worker "has had excellent relief of her migraines with Rizatriptan". A progress report from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported more than 50% pain relief with a series of three trigger point injections, with the last one on 04-30-2015; she has neck pain, headaches, and thoracic outlet syndrome with upper extremity symptoms; the Rizatriptan completely eliminates migraines when she has them; she has previously trialed Cymbalta and other medications; when she takes the Rizatriptan, she has complete restoration of her activities of daily living; these include cooking, cleaning, and carrying on with her normal day, as otherwise her migraines are debilitating; and there is much functional improvement with the use of this medication. Objective findings included she is in mild distress; cognitively intact; normal gait; she is tender throughout the cervical paraspinal musculature; there is ongoing spasm; there is twitch response; there are circumscribed trigger points with referred pain; she has full strength and sensation in the upper extremities; and cervical flexion is to 5 degrees and left rotation is 50 degrees. The treatment plan has included

the request for Rizatriptan 10mg #10. The original utilization review, dated 09-02-2015, non-certified the request for Rizatriptan 10mg #10.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Rizatriptan 10 mg #10: 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 Chapter, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter under Rizatriptan.

**Decision rationale:** The patient was injured on 07/15/05 and presents with cervical spine pain. The request is for Rizatriptan 10 mg #10 for migraines. The utilization review rationale is that "there is no documentation of reduction of migraine headaches with the use of rizatriptan." The RFA is dated 08/10/15 and the patient's current work status is not provided. The patient has been taking rizatriptan as early as 04/30/15. ODG guidelines, chapter 'Head' and topic 'Rizatriptan (Maxalt)', recommend the medication for "migraine sufferers." The guidelines also state "While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments." The patient is diagnosed with migraine headaches, C5-C6 degenerative disc bulge with severe bilateral foraminal narrowing and subsequent radiculopathy; chronic cervical pain syndrome; and likely thoracic outlet syndrome. Treatment to date includes medications, diagnostics, activity modification, trigger point injections, cervical epidural steroid injection, and physical therapy. The 06/11/15 report states that the patient "clearly has cervicogenic migrainous headaches" when she takes [rizatriptan] it allows for complete resolution of her migraine. This allows her to cook, clean, take care of her children, drive, bathe, and perform all necessary tasks. Otherwise, she is in bed due to the severity of the migraine. The patient has been taking this medication since at least 04/30/15 with documented benefit. Therefore, the request is medically necessary.