

Case Number:	CM15-0197683		
Date Assigned:	10/13/2015	Date of Injury:	07/12/2013
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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 is a 41 year old female, who sustained an industrial injury on July 12, 2013. The injured worker was diagnosed as having chronic headaches, fatigue, and tremor. Treatment and diagnostic studies to date has included acupuncture, medication regimen, magnetic resonance imaging, psychotherapy, and electromyogram. In a progress note dated July 16, 2015 the treating physician reports complaints of migraines with an increase in numbness and tingling. In a progress note dated July 30, 2015 the treating physician reports that the injured worker received his medication and has not had a migraine for seven days. Examination performed on July 30, 2015 was revealing for the injured worker to be "alert and conversant with no negative effect of medications noted today. Unchanged general gait and posture. Overall stable." The progress notes did not indicate the injured worker's pain level prior to use of her medication regimen and after her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress notes provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from July 30, 2015 did not include the injured worker's medication regimen, but the progress note from July 16, 2015 noted that the medication Maxalt (Rizatriptan) was approved but not given to the pharmacy but was unable to receive the medication Adderall (Amphetamine ER). The progress note from April 09, 2015 noted the requests for a trial of Maxalt for headaches and the medication of Adderall for attention deficit and concentration disorder due to injury. On July 17, 2015 the treating physician requested Rizatriptan 10mg tablets with a quantity of 12 and Amphetamine ER 10mg capsules with a quantity of 30 noting

current use of these medications. On September 22, 2015 the Utilization Review determined the requests for Rizatriptan 10mg tablets with a quantity of 12 and Amphetamine ER 10mg capsules with a quantity of 30 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan 10mg tablets, #12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Head - Rizatriptan (Maxalt).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute migraine headaches. The patient does have headaches suggestive of migraine per description and physical exam. Therefore the request is medically necessary.

Amphetamine ER 10mg capsules, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/adderall?druglabelid=1048&id=3391.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, adderrall ER.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of attention deficit disorder. The patient does not have the DSM diagnosis of attention deficit disorder due to industrial incident or exacerbated by industrial incident. Therefore the request is not medically necessary.