

Case Number:	CM15-0020211		
Date Assigned:	02/09/2015	Date of Injury:	09/12/2012
Decision Date:	05/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 32 year old woman sustained an industrial injury on 9/12/2012. The mechanism of injury is not detailed. Diagnoses include complex regional pain syndrome, severe left cervical sprain, severe left shoulder adhesive capsulitis, left lateral epicondylitis, headaches consistent with cephalgia, insomnia, anxiety, and depression. Treatment has included oral medications. Physician notes dated 7/31/2014 show complaints of severe left shoulder, arm, and hand pain with swelling, discoloration, and sensitivity. Also complains of neck pain and headaches with muscle spasms. Recommendations include cervical spine MRI, continue Hydrocodone/APAP, Neurontin, Maxalt, and Dendraicin, begin Fexmid, Lidoderm patches, and Zofran, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 67-68, 112, and 63-64. Decision based on Non-MTUS Citation (ODG) 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) Head.

Decision rationale: According to the ODG chapter on head complaints, Maxalt is recommended for migraine sufferers. The documented evaluations by the provider, notes that Maxalt gives the patient temporary relief of pain. The pain includes muscle tension and the IW requests muscle relaxers for therapy. The documentation describes and diagnoses the headaches as tension cephalgia. There is no documentation of migraine headaches. In this case, Maxalt is not medically indicated for tension type headaches.