

<b>Case Number:</b>	CM15-0033581		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/14/1983
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 51-year-old female who sustained an industrial injury on February 14, 1983. The injured worker was diagnosed with degeneration of cervical intervertebral disc C7-T1, tension headaches, migraines, disturbance of skin sensation and multiple surgeries for fracture tibia/fibula. A magnetic resonance imaging (MRI) of the brain was performed (no date documented). According to the primary treating physician's progress report on August 11, 2014, the injured worker continues to experience migraines daily with visual distortions. Motor strength, sensation and gait were normal. The injured worker received Botox injections (31 sites) into the facial and cervical muscles. Current medications consist of Amitriptyline, Amlodipine, Cyclobenzaprine, Diazepam, Dicyclomine, Lidoderm Patch, Maxalt-MLT, Vicodin, Migranal spray, Percocet, Prilosec, Promethazine, and Triazolam. The current request is for authorization of migraine medications and Lidoderm Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 10mg #18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Migraine pharmaceutical treatment.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Migraine pharmaceutical treatment. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines for the treatment of migraine, "Recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic migraine." The patient was reported to have a chronic daily migraine headache and Triptans such as Maxalt is not indicated for daily headache. It is indicated as an abortive treatment for migraine. Therefore, the request for Maxalt 10 mg#18 is not medically necessary.

**Lidoderm 5% 1 patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #30 is not medically necessary.

**Migranal 1 spray:** Upheld

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

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Migraine pharmaceutical treatment. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines for the treatment of migraine, "Recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic

migraine." The patient was reported to have a chronic daily migraine headache and Migranal spray is not indicated for daily headache. It is indicated as an abortive treatment for migraine. Therefore, the request for Migranal spray is not medically necessary.