MAXIMUS Federal Services

Case Number:	CM15-0035869		
Date Assigned:	03/04/2015	Date of Injury:	09/18/2000
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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 57 year old female, who sustained an industrial injury on September 18, 2000. She has reported being jostled and jolted in the back of a golf cart. The diagnoses have included shoulder joint pain. Treatment to date has included 6 completed physical therapy sessions for the right shoulder and low back. Currently, the IW complains of continued symptomology of the back and right shoulder. He rates her pain level without medications as 10/10, and with medications as 7/10. Physical findings indicated are thoracic spine normal range of motion. Lumbar spine range of motion is: flexion 55 degrees, extension 20 degrees. Tenderness is noted to the lumbar region, along with a positive straight leg raise test. Range of motion for the right shoulder is: flexion 85 degrees, extension 20 degrees, abduction 75 degrees, and adduction 20 degrees. She has positive Hawkin's and Neer's testing. On January 29, 2015, Utilization Review non-certified Maxalt-MLT 10mg #12 with one refill; and modified certification of Soma 350mg #60, and Ambien 10mg #10, and Norco 10/325mg #90. The MTUS and ODG guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Soma 350mg #120 with one refill, and Ambien 10mg #20 with one refill, and Norco 10/325mg #180 with one refill, and Maxalt-MLT 10mg #12 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt-MLT 10 mg #1 with 1 refill: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter: Rizatriptan (Maxalt®).

Decision rationale: According to the 01/05/2015 progress report, this patient presents with a 7/10 neck pain, lower backache and right shoulder pain. The current request is for Maxalt-MLT 10 mg #1 with 1 refill for onset of headache. The Utilization Review denial letter state: There is a lack of documentation of the patient having migraine headaches. The request for authorization is not included in the file for review and the patient's work status is Permanent and Stationary and not working.Regarding Rizatriptan (Maxalt), ODG Guidelines: Recommended for migraine sufferers. The medical reports provided for review indicate the patient is diagnosed with Migraine Unspecified. The patient states: medications are working well and is stable on current medication regimen. In this case, the patient suffers with migraine headaches and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.