

<b>Case Number:</b>	CM15-0040833		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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 54 year old female who sustained an industrial injury on 11/6/09 involving a slip and fall hitting her head on the floor. She had a computed tomography of the head (no date). She started physical therapy. She complains of headaches and is not sleeping well. Documentation from 2/20/15 indicates that medications were reviewed and include nortriptyline, Prozac and Restoril. Diagnoses include post-traumatic headache. Treatments to date include physical therapy and medications. In the note dated 2/20/15 the treating provider indicates that the injured worker is not sleeping and medications were reviewed in depth. The plan of care dated 3/7/13 mentions relpax and the effect of the medication would be evaluated in 1 week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relpax 40 MG Qty 30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

**Decision rationale:** The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is used in the treatment of migraine headaches. It is a first line treatment option. The patient has the diagnosis of migraine headaches with no contraindications to the medication. Therefore, the request is medically necessary.