

<b>Case Number:</b>	CM15-0083516		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 64 year old female, who sustained an industrial injury on 12/16/2010. She has reported injury to the head and neck. The diagnoses have included migraine without aura, with intractable migraine; memory loss; sleep disturbance; and cervical root lesions. Treatments have included medications, diagnostics, chiropractic sessions, and acupuncture. Medications have included Motrin, Keppra, Maxalt, and Zanaflex. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of more headaches and has photophobia; migraines are persisting; concentration and memory issues with loss of names only; and insomnia. Objective findings included having more headaches at this time. The plan of treatment has included the request for Levetiracetam 500 mg #60, 3 refills; Zanaflex 4 mg #60, 3 refills; and Maxalt MLT dispersible tablet 10 mg #13, 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levetiracetam 500 mg #60 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), pages 16-22.

**Decision rationale:** Keppra (Levetiracetam), prescribed for epileptic seizures, may be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Keppra has not resulted in any functional benefit and medical necessity has not been established. The Levetiracetam 500 mg #60 3 refills is not medically necessary and appropriate.

**Zanaflex 40 mg #60 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 40 mg #60 3 refills is not medically necessary and appropriate.

**Maxalt-MLT dispersible tablet 10 mg #13 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), migraine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Triptans, page 221.

**Decision rationale:** Maxalt (Rizatriptan Benzoate) is prescribed only to patients with clear established diagnosis of migraine with or without aura; however, the safety and effectiveness of Maxalt have not been established for cluster headaches. If the patient has no response for the first migraine attack, diagnosis of migraine should be reconsidered. Maxalt is not indicated for the prevention of migraine attacks and is contraindicated for use in the management of basilar migraine and hemiplegia. Serious cardiac events, including some that have been fatal, have

occurred following the use of Maxalt tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included myocardial ischemia, myocardial infarction, arrhythmias, vasospasm, and cerebrovascular accidents. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines under review. There is no cervical spine MRI or EMG/NCV of the cervical spine and upper extremities remarkable for migraine etiology. There are no defined neurological deficits of the cervical spine and upper extremities to support for this medication. There are no submitted reports documenting functional improvement from treatment already rendered. The Maxalt-MLT dispersible tablet 10 mg #13 3 refills is not medically necessary and appropriate.