

Case Number:	CM15-0084506		
Date Assigned:	05/06/2015	Date of Injury:	07/12/2013
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/02/2015

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, 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 40-year-old female, who sustained an industrial injury on 7/12/2013. She reported injury from being exposed to a chemical during a flight. The injured worker was diagnosed as having chronic headaches, cognitive dysfunction, tremors and fatigue. The last brain magnetic resonance imaging and electroencephalogram were reported to be normal. Treatment to date has included medication management. In a progress note dated 4/9/2015, the injured worker complains of increased tremors with a medication change and a recent migraine headache. The treating physician is requesting Rizatriptan 20 mg-1 month supply and Amphetamine 5 mg Extended release #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Rizatriptan tablets 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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 (tryptans).

Decision rationale: The records indicate that this patient developed chronic daily headaches after an exposure to an unknown chemical during a flight. She has no associated symptoms of nausea, vomiting, photophobia or other symptoms typically associated with migraine. She has not been diagnosed with migraine headaches. Rizatriptan is a medication indicated for use in migraine headaches. Since this patient does not have migraines, the request for rizatriptan is deemed not medically necessary.

30 capsules of Amphetamine 5 mg extended release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/amphetamine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines.

Decision rationale: The request is for amphetamine 5 mg po daily. Amphetamines are only indicated for treatment of attention deficit disorder with hyperactivity and narcolepsy. This patient has been diagnosed with neither condition, therefore the request for amphetamine 5 mg #30 is deemed not medically necessary.