

<b>Case Number:</b>	CM14-0116700		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female who reported injury on 03/18/1997. The injured worker was cleaning a tub when she slipped and fell. She was in a tub/shower combination when she tried to reach for something higher than normal range. She stepped up onto the tub slope and went a step backward on the slope falling into the tub with her feet in front of her, falling backwards. She sustained injuries to her buttocks, elbow, arms, her head, and neck. The injured worker's treatment history included physical therapy, medications, MRI studies, surgery, and acupuncture sessions. The injured worker was evaluated on 04/07/2014 and it was documented the injured worker was there for a follow-up appointment. The provider noted that the injured worker was alert, bright, and worried about her mental status. He noted that the injured worker had a complex history of C5 Asia D quadriplegia worse on the left with multiple neurological symptoms, memory deficit, chronic pain, and reflex sympathetic dystrophy of the right leg. Medications included Xanax, Opana, Ambien, and Percocet. Diagnoses included cervical spondylosis. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt-MLT 10mg, 4x3 UU:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Rizatriptan Maxalt.

**Decision rationale:** The Official Disability Guidelines (ODG) state that Maxalt is recommended for migraine sufferers. See Triptans. Rizatriptan (Maxalt) is a Triptan drug developed by Merck & Co. for the treatment of migraine headaches. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of Rizatriptan. While the Maxalt brand of Rizatriptan therapy is more expensive than other Triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. (Mullins, 2007) (McCormack, 2005) According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic Rizatriptan would be recommended. The documentation submitted failed to indicate the injured worker having a diagnosis of migraine headaches. Additionally, the request that was submitted failed to indicate the frequency, duration, and efficacy of medication after the injured worker takes Maxalt-MLT. As such, the request for Maxalt-MLT 10mg, 4x3 UU is not medically necessary.