

<b>Case Number:</b>	CM14-0120426		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 50 year-old male with a 7/21/09 date of injury after being hit from behind in a motor vehicle accident injuring her neck and back. The patient was seen on 5/8/14 where it was noted her bone stimulator was helping. No exam findings were noted. The diagnosis is depression, insomnia, and female hypoactive sexual desire. Treatment to date: medications, bone growth stimulator. An adverse determination was received on 7/3/14 given there was no documentation that the patient is suffering from migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relpax 40mg #12:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Relpax)

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Relpax is indicated for the acute treatment of migraine with or without aura in adults. Safety and effectiveness of Relpax have not been established for cluster headache. Relpax is indicated for

the acute treatment of migraine with or without aura in adults. There is no documentation provided indicating this patient has migraine headaches or a rationale as to why this patient requires this medication. Therefore, the request for Relpax 40 mg #12 is not medically necessary.