

Case Number:	CM14-0087091		
Date Assigned:	07/23/2014	Date of Injury:	05/22/2003
Decision Date:	05/28/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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:

This 51 year old male sustained an industrial injury to the neck and bilateral shoulders on 5/22/03. Previous treatment included magnetic resonance imaging, electromyography, acupuncture, psychotherapy, Botox injections and medications. In a PR-2 dated 5/16/14, the injured worker reported having more than 16 migraine attacks per month. The injured worker reported spending most of the day in a dark room. The injured worker reported very good results from Botox injections received three months ago with 35 days free from migraines; however, the headaches gradually returned. The injured worker developed more headaches after sudden weather changes. The injured worker rated his pain 6-7/10 on the visual analog scale. Current diagnoses included cervical disc herniation, cervical facet joint disease, traumatic brain injury, left brachial plexus injury, depression, anxiety, insomnia and migraines. The treatment plan included continuing acupuncture once a week, continuing psychotherapy and continuing current medications (Norco, Flexeril and Relpax).

IMR ISSUES, DECISIONS AND RATIONALES

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

Relpax 40mg #18: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Trauma, headaches, etc., not including stress & mental disorders) Triptans.

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

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of migraine headaches. It is a first choice option. The patient does have migraine headaches and therefore the request is medically necessary.