

Case Number:	CM15-0128610		
Date Assigned:	07/15/2015	Date of Injury:	08/01/1994
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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(n) 55 year old female, who sustained an industrial injury on 8/1/94. She reported pain in her lower back. The injured worker was diagnosed as having lumbar pain. Treatment to date has included an L4-L5 discectomy in 2002, a lumbar MRI on 3/21/13, Hydrocodone, Soma, Effexor and Gabapentin. As of the PR2 dated 5/8/13, the injured worker presents with severe central lateral recess and foraminal stenosis at L3-L4. She has reports increasing left lower extremity radiculopathy and back pain. The treating physician requested Maxalt 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan (Maxalt) 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Head Procedure Summary, Online Version, Triptans.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Rizatriptan (maxalt) 10mg #30 is not medically necessary. Rizatriptan (maxalt) 10mg is recommended for migraine sufferers. All triptans are effective and well tolerated. In this case, the injured worker's working diagnoses are hematoma; and obesity. The date of injury is August 1, 1994. Request for authorization is dated June 12, 2015. The progress notes in the medical record are all 2013 progress notes. There is no recent documentation the medical record. The medical record contains 27 pages. A March 13, 2013 progress note is a new patient document from the spine center. The injured worker is status post L4 - L5 discectomy, gastric bypass with multiple comorbid conditions. There is no documentation of migraine headache. Similarly, documentation from a March 21, 2013 progress note and May 2013 progress note there is no documentation of migraine or vascular headache. Utilization review indicated a June 10, 2015 progress note was reviewed. The injured worker was followed for a postoperative hematoma. Again, there was no documentation of headache or migraine headache. Consequently, absent clinical documentation with a clinical indication and or rationale for Rizatriptan, Rizatriptan (maxalt) 10mg #30 is not medically necessary.