

Case Number:	CM15-0176278		
Date Assigned:	09/17/2015	Date of Injury:	06/24/2010
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This injured worker is a 57 year old female who reported an industrial injury on 6-24-2010. Her diagnoses, and or impressions, were noted to include: closed head injury with cognitive and mood impairment - stable; cervical strain with disc disease; post-traumatic vertigo with episodic balance difficulties; temporomandibular joint syndrome and cracked tooth - under treatment; post-traumatic headaches - stable; and depression with anxiety - stable. No current imaging studies were noted. Her treatments were noted to include: an evaluation by the [REDACTED]; dental treatments; and medication management. The neurological progress notes of 7-20-2015 reported a re-examination; that she had finally received some dental treatments for her temporomandibular joint syndrome and to deal with her dental pain affecting her jaw; that her migraines, rated 6-7 out of 10, had been an issue, being quite severe in May but subsiding and becoming much better once dental treatments started and with management using Naproxen and Treximet 85-500. Objective findings were noted to include: increased problems with sound sensation which altered her speech. The physician's requests for treatments included: a refill of Treximet 85-500 mg by mouth at onset of migraine, #60 with 1 refill; and for consultation at the [REDACTED] Treatment Program to determine if there is any additional treatments or recommendations. The Request for Authorization, dated 7-20-2015, was noted for consultation at [REDACTED] Treatment Program to address patients auditory and speech impairments; and Treximet 85-500 by mouth at onset of migraine, #60 with 1 refill. The Utilization Review of 8-10-2015 non-certified the request for Treximet 85-500, 1

by mouth, #60 with 1 refill; and a consultation at [REDACTED] Day Treatment Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trexlmet 85/500 1 po #60 with 1 refill: 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), Online version, Head, Migraine Treatment/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 (Migraine treatment/triptans).

Decision rationale: CA MTUS does not specifically address Treximet, which is a combination of Naproxen and Sumatriptan. In this case, the patient is already prescribed Naproxen. There is no rationale given for the additional Naproxen contained in Treximet. The Treximet is prescribed to be taken at the onset of a migraine headache. There is no reason that Naproxen and Sumatriptan taken individually would be less efficacious than the combination. There is a lack of documentation of the frequency of use of Treximet, however most migraineurs take their medication on a PRN basis. Therefore, Treximet is not medically necessary.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: ACOEM Guidelines, Chapter 7 addresses independent medical examinations and consultations. This is a request for a consult in a patient who walked into a stairwell pole in 2010 and has chronic pain. The referral is to the [REDACTED] Treatment Program to evaluate "auditory processing and speech impairment." However, the medical records dating from the injury in 2010 make no mention of this diagnosis. Therefore, the referral is not medically necessary at this time.