

<b>Case Number:</b>	CM15-0028330		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 3, 1998. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Axert. The claims administrator suggested that the applicant was using OxyContin, Norco, Valium, Lyrica, Zanaflex, Desyrel, Motrin, Lidoderm, and Protonix, in addition to Axert. The claims administrator denied the request on the grounds that the applicant did not have an established diagnosis of migraine headaches. Somewhat incongruously, the claims administrator did report in another section of its UR report that the applicant did carry a diagnosis of migraine headaches. An RFA form received on January 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On December 20, 2014, the applicant reported ongoing complaints of headaches, arm pain, leg pain, neck pain, shoulder pain, mid back pain, elbow pain, hip pain, groin pain, ankle pain, and foot pain. The attending provider sought authorization for an implantable drug delivery system (IDDS). Highly variable 6-10/10 pain complaints were reported. The applicant's medication list included OxyContin, Norco, Valium, Lyrica, Zanaflex, Desyrel, Axert, Motrin, Senna, Lidoderm, Flector, and Protonix. The applicant denied any issues with nausea, it was stated in the review of systems section of the note. The applicant was given diagnoses of chronic pain syndrome, chronic low back pain, lumbar radiculopathy, degenerative disk disease of the lumbar spine, anxiety, depression, chronic insomnia, and opioid dependence. Multiple medications were renewed. There was no explicit mention of the applicant's having issues with migraine headaches. In an earlier note of July 31,

2014, there was, once again, no explicit mention of the applicant's having issues with migraine headaches. On August 29, 2014, once again, there was no explicit mention of the applicant's having issues with migraine headaches. On December 20, 2014, the attending provider appealed previously denied implantable drug delivery system (IDDS), but, once again, made no mention of the applicant's having issues with migraine headaches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Axert 12.5mg 2 labs as needed #20:** 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), Head Chatper, Triptans; Mentall Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation AXERT® - Food and Drug Administration [www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...) Food and Drug Administration INDICATIONS AND USAGE AXERT® (almotriptan malate) Tablets are indicated for the acute treatment of migraine with or without aura in adults.

**Decision rationale:** No, the request for Axert was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Axert, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of the medication for the particular condition for which it is being prescribed. Here, the attending provider made no mention of what condition or conditions the applicant was using Axert for. While the Food and Drug Administration (FDA) notes that Axert is indicated for the acute treatment of migraine headaches, with or without aura, in this case, however, again, several progress notes, referenced above, through late 2014 contained no reference that the applicant was experiencing any issues with migraine headaches. Therefore, the request was not medically necessary.