

Case Number:	CM15-0039271		
Date Assigned:	03/09/2015	Date of Injury:	05/04/1987
Decision Date:	05/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported an injury on 05/04/1987. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with trigeminal neuralgia. On 01/26/2015, the injured worker presented for a follow-up evaluation. The injured worker reported significant facial and head pain as well as headaches. The current medication regimen included Ambien CR, Dilaudid, hydroxyzine, lorazepam, Nasonex, Norco, Paxil, and Relpax. There was no physical examination provided for review. The treatment recommendations included continuation of Relpax 40 mg on an as needed basis. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relpax 40mg 6 blister packs x 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, head chapter.

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

Decision rationale: The Official Disability Guidelines recommend Triptans for migraine sufferers. It is noted that the injured worker is diagnosed with trigeminal neuralgia. However, it is also noted that the injured worker has continuously utilized the above medication. Despite the ongoing use of this medication, the injured worker continues to report significant pain with ongoing headaches. In the absence of functional improvement, additional refills would not be supported. As such, the request is not medically appropriate.