

<b>Case Number:</b>	CM15-0064399		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, California  
 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 is a 55 year old female patient, who sustained an industrial injury on October 25, 2007. She has reported neck pain, arm pain, headache, and shoulder pain. Diagnoses include cervical spine degenerative disc disease, muscle spasm, cervical post laminectomy syndrome, myalgia and myositis, cervical spine stenosis, and cervicogenic headache. Per the progress note dated March 16, 2015 she had complaint of chronic neck pain, right arm pain, headache, shoulder pain, and poor sleep quality. The physical examination revealed tenderness and decreased range of motion of the cervical spine. The current medications list includes celebrex, lidopro ointment, nexium, norco, zanaflex, relopax, nucynta and voltaren gel. She has had cervical MRI on 12/3/2009 and 6/13/2011; CT cervical spine on 10/26/2011; EMG/NCS on 12/9/2009 and whole body bone scan on 3/10/2010. She has undergone cervical spine fusion on 4/30/2009. She has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relpax 40 mg, nine count with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 01/21/15) Migraine pharmaceutical treatment Triptans Other Medical Treatment Guideline or Medical Evidence Thompson Micromedex Relpax: FDA Labeled Indications.

**Decision rationale:** Request: Relpax 40 mg, nine count with one refill. Relpax contains eletriptan hydrobromide. Per the cited guidelines triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Response to other medications like NSAIDs or tylenol for acute migraine is not specified in the records provided. A detailed neurological examination is not specified in the records provided. The medically necessity of Relpax 40 mg, nine count with one refill is not established in this patient.