MAXIMUS Federal Services

Case Number:	CM15-0075287		
Date Assigned:	04/27/2015	Date of Injury:	04/28/2006
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58-year-old female, who sustained an industrial injury on 4/28/2006. The current diagnoses are chronic pain, complex regional pain syndrome in the right upper extremity, headaches, and knee pain. According to the progress report dated 2/9/2015, the injured worker complains of neck pain with radiation to the right hand and fingers associated with numbness, tingling, and weakness. Additionally, she reports migraine headaches, right-sided upper extremeity pain, and bilateral knee pain. The pain is rated 4/10 with medications and 7/10 without. The current medications are Tizanidine, Enovarx-Ibuprofen, Lidoderm patch, Lyrica, Duloxetine, Rizatriptan, and Vitamin D. Treatment to date has included medication management, acupuncture, myofascial release, computed tomography scans, MRI studies, electro diagnostic testing, and spinal cord stimulator. The plan of care includes prescription for Maxalt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10 mg Qty 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: Head chapter - 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, Rizatriptan (Maxalt), Triptans.

Decision rationale: MTUS is silent specifically with regards to Malaxt and triptans for migraine treatment. Other guidelines were utilized. ODG states regarding Rizatriptan, "Recommended for migraine sufferers." ODG additionally writes regarding triptans, "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." Medical records indicate that the patient has a history of headaches and possible migraines. The medical records fail to describe the symptoms the patient is having or confirm the diagnosis of migraine. Medical records do not indicate that her medical regimen is improving symptoms or functional status. Improvement is important for continuation of any medication of this type. As such, the request for Maxalt 10mg Qty 30 is not medically necessary.