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DATE OF REVIEW: 11/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Maxalt 10mg at onset of headache and repeat in 2 hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Texas licensed DO, specializing in Anesthesiology, Pain Management. The physician advisor has the following additional qualifications, if applicable:

ABMS Anesthesiology

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Maxalt 10mg at onset of headache and repeat in 2 hours	J8499	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	15	11/11/2010	11/11/2010
2	IRO Request		7	10/12/2010	10/12/2010
3	Office Visit Report	MD	5	07/23/2010	07/23/2010
4	Peer Review Report	MD	10	10/31/2007	10/31/2007
5	Initial Request	Restat	5	08/20/2010	08/20/2010
6	Peer Review Report		4	11/12/2010	11/12/2010
7	RX History	Medical Inc	5	09/20/2010	09/27/2010
8	Initial Denial Letter		9	03/22/2010	09/30/2010
9	Initial Approval Letter		10	09/17/2010	09/23/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female patient who has a date of injury of xx/xx/xx. The mechanism of injury noted that a student opened a door and the door knob hit her in the right wrist. The claimant continues to suffer from right wrist pain, for which she has been diagnosed with RSD to the right upper extremity. The patient has pain to the right extremity with coldness and purplish discoloration of the right upper extremity. She rates her pain level as a 5/10. She describes the pain burning, squeezing, throbbing, nagging, dull stabbing and aching. The claimant has undergone multiple stellate ganglion blocks, epidural steroid injections, Bier blocks and a Spinal Cord Stimulator trial which did not provide relief. The claimant describes the pain as severe and burning. The claimant's medications include Norco, Pepcid, ibuprofen, clonazepam, Lyrica and Maxalt. The request for Maxalt has been denied on the initial level review and upheld on appeal. This is an IRO request for Maxalt.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The requested medication is for Maxalt, a medication that is used to treat migraine headache syndromes. However, in this medical file, I fail to see any documentation that indicates that the claimant suffers from severe migraines for which this medication might be used. Rather, the claimant's injury was a right wrist injury which was then diagnosed as having progressed to develop into RSD. There is no documentation provided which substantiates why Maxalt would be medically necessary for this claimant. We note the ODG Guidelines regarding appropriate pharmaceutical treatment of RSD, cited in this report, and note further that Maxalt is not included among recommended medications for this syndrome. Therefore, based on the clinical information provided, and the available evidence based guidelines, I recommend upholding the prior decision.

There is no ODG support for Maxalt to treat RSD. Pain management: (a) Pharmacological: antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; α_1 adrenoceptor antagonists (terazosin or phenoxybenzamine). The latter class of drugs has been helpful in SMP. Clonidine has been given transdermally and epidurally. (See [CRPS, medications.](#)) Bisphosphonates have some literature support in the presence of osteopenia. ([Rho, 2002](#)) (b) Minimally invasive: depends on degree of SMP, stage of rehabilitation (passive or active movement), and response to blocks. (See [CRPS, sympathetic blocks.](#)) Responders to sympathetic blocks (3 to 6 blocks with concomitant PT) may be all that is required. For non-responders somatic block or epidural infusion may be required to optimize analgesia for PT. (c) More invasive: After failure of progression or partial relief, consider tunneled epidural catheters for prolonged sympathetic or somatic blocks or neurostimulation with SCS in CRPS-I and II. See [CRPS, spinal cord stimulators.](#) Also consider peripheral nerve stimulation in CRPS-II and intrathecal drug delivery in patients with dystonia, failed neurostimulation, long-standing disease, multi-limb involvement and requirement of palliative care. (d) Surgical: Sympathectomy is not generally recommended, but has been considered in patients that respond to sympathetic blocks.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 11/30/2010.