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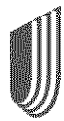
APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

04/22/2021

0915

**United Health Group - West, Central and Cirrus RMO**  
Operated by Firstsource Solutions  
1355 South 4700 West  
Salt Lake City, UT 84104



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A UnitedHealth Group Company

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## Provider Reconsideration (Appeal) Form

This form is used to request an appeal for providers after a coverage determination or prior authorization has been denied.

DRUG REQUESTED: Aimovig 70MG/ML Auto-injectors

QUANTITY: 1

DIAGNOSIS: (G43.819) Other migraine, intractable, without status migrainosus

**Complete all fields, attach appropriate documentation, and mail or fax to:**

Plan Name: United Healthcare/Optum Rx

**Attn: Provider Appeals**

Phone: 877-263-0911, 1-800-711-4555

Fax: 877-239-4565

Address: PO BOX 30884

Address Line 2: \_\_\_\_\_

City, State, Zip Code: SALT LAKE CITY, UT 84130-0884

**Check Reason for Reconsideration:**

- ☐ Prior authorization not requested  
☐ Authorization does not cover services rendered  
☒ Prior authorization denied

Date: 2021-01-08 00:00:00 Provider Name: Jan Weber

NPI: 1487637229 Phone: (308) 865-2263 Fax: 8447625054

Address: 816 22nd Ave Suite 100

City, State, Zip Code: Kearney, NE 68845

Contact Name: \_\_\_\_\_

PATIENT NAME: KAREN SMITH DATE OF BIRTH: 09/15/1964

PATIENT ID# 913292941 DATE(S) OF SERVICE: 1/8/2021

PA Case #, Reference #, or Rx # PA-86885908-1

REQUEST FOR REVIEW: Please explain why this medication is medically necessary for the patient:

Frequency and intensity of migraines have diminished due to treatment with Aimovig.

The following attachments may be required:

1. Supporting documents (medication history, diagnostic workup, lab results, chart notes, etc.)
2. Original request information
3. Denial notification

Signature of person requesting the appeal (the enrollee, or the enrollee's prescriber or representative):



Date: 04/22/2021

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Patient: KAREN SMITH DOB: 09/15/1964  
Member: 913292941  
Sent: 04/22/2021  
-----

**Notes****[1] Explanation**

see attached notes from 1/8/21 - Topirimate started in 2010. Also has tried Excedrin migraine, and Rizatriptan. Changed rizatriptan to zolmitriptan on 1/8/21.

**Relevant Drug History****Antiepileptics (e.g. divalproex sodium or topiramate)**

Therapeutic failure

Summary: from to

See prior auth - appeal approval from January 2021.

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**Platte Valley Medical Group**  
**816 22nd Ave Suite 100**  
**Kearney, NE 68845**

**Neurology Office Visit**  
**Signed**

Patient: Smith, Karen S  
 DOB: 09/15/1964  
 Age/Sex: 56 / F  
 Loc: AMB  
 PCP: Fletcher, Michelle P. PA-C

MR#: M012012198  
 Acct: P00001008122  
 Date of Service: 01/08/21

cc: ~

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Documented By: Jan Weber, MD 01/08/21 1033  
 Signed By: <Electronically signed by Jan Weber, MD> 01/08/21 1156

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## HPI

### HPI Comments

#### History of Present Illness

Details Karen is seen in consultation for Migraines

## Headache

### History of Present Illness

HPI Narrative Karen reports having migraines for many years. These started as an adult, probably 20+ years ago. They have become more severe after some hormone therapy with Premarin was started. She notes that she was experiencing them 3 days/week and going to the ER for injections. She was started on Topiramate about 11 years ago. It did help, and in the last two years she has not needed ER/Urgi care visits for migraines. It was restarted a few years ago, and in November was increased in dosage. Since that time the headaches are less frequent but severity is about the same. She is not aware of any side effects from the Topiramate. The headache can build into a mild headache and then start to build up above the eye and then generalizes to the whole head. She has light and sound sensitivity. She takes Excedrin migraine first. Then she takes Rizatriptan if the Excedrin doesn't work after 2 hours. She doesn't like to take the Rizatriptan since it makes her sleepy. These can last 1-2 days. She is taking Excedrin 3-4 days a week. She also has daily headaches, which are in the whole head and are dull pressure in the front of her face (nose up). Most of the time she doesn't wake up with a headache. She had a recent MRI brain which was normal. Current work entails a lot of computer work, 8-5 for the State of NE DHHS.

Associated headache symptoms Reports nausea, Reports vomiting, Denies dyspnea, Denies diaphoresis, Denies lightheadedness, Reports headache(s), Denies convulsions and Denies anxiety

Quality/description Reports throbbing

Headache exacerbated by caffeine (3 diet cokes/day; a.m., lunch, supper/evening)

Improved by sleep

Health Information Management 0108-00150

PVMC

Patient name: Smith, Karen S

Account #: P00001008122

2

Over the counter  
medications  
used

Excedrin migraine

**Insomnia****History of Present Illness**

Patient has difficulty staying asleep and waking in the middle of the night

Once asleep, patient wakes up once or twice

In the morning, the patient rested

feels

**Intake****Vital Signs**

	<b>01/08/21 10:37</b>
<b>Height</b>	5 ft 3 in
<b>Weight</b>	162 lb
<b>BMI</b>	28.7
<b>Body Surface Area</b>	1.83

Visit Reasons: New Patient Visit

**Allergies**

minocycline Allergy (Unknown, Verified 01/08/21 10:37)  
Rash

Penicillins Allergy (Unknown, Verified 01/08/21 10:37)  
Rash

cefdirinir Allergy (Verified 01/08/21 10:37)  
Rash

**Medication Reconciliation**

- Last Reconciled 01/08/21 by Kerri Betke, RN

**albuterol sulfate 90 mcg/actuation** 2 puffs inhalation Q4-6H PRN

**aspirin-acetaminophen-caffeine 250-250-65 mg** (Excedrin Extra Strength) 1-2 tablets QD PO PRN;

**budesonide-formoterol 160-4.5 mcg/actuation** (Symbicort) 2 puffs inhalation BID

**erenumab-aooe** (Aimovig Autoinjector) 70 mg SUBCUT QMONTH

**estradiol** 2 mg PO QDAY

**fluconazole** (Diflucan) 150 mg PO QDAY PRN

**omeprazole magnesium** (Prilosec OTC) 20 mg PO QDAY

**ondansetron HCl** (Zofran) 8 mg PO TID PRN

**rizatriptan** (Maxalt-MLT) take 1 tab at onset of headache; if no relief may repeat 1 tab in 2hr; max = 3 tabs/day (24hr) PO

**simvastatin** 20 mg PO QHS

**topiramate** 50 mg PO BID

**zolmitriptan** take 1 tab at onset of headache; if no relief, may repeat 1 tab after at least 2 hrs; max

Health Information Management 0108-00150

PVMC

Patient name: Smith,Karen S

Account #: P00001008122

= 2 tabs/24 hrs PO

**PMFSH****Past Medical History****Medical History** (Reviewed 01/06/21 @ 11:12 by Travi Evans, RN)

Lab test negative for COVID-19 virus

9/10/2020-Not detected

Migraines

Vaginal delivery

times 4

**Female Reproductive System**

Menstrual

Birth control method: none

Pregnancy

Gravida: 4

**Family History****Family History** (Reviewed 01/06/21 @ 11:12 by Travi Evans, RN)**Father**

Peripheral vascular disease

Hypertension

Alcoholism

Cancer of unknown origin

**Mother** Deceased

Hypertension

High cholesterol

Congestive heart failure of unknown etiology

Diabetes

COPD (chronic obstructive pulmonary disease)

**Family/Other**

Alcoholism

Migraines

Cancer

Elevated lipids

**Daughter**

Migraines

**Surgical History****Surgical History** (Reviewed 01/06/21 @ 11:12 by Travi Evans, RN)

History of cesarean section

History of hysterectomy

8/1/1996

History of tonsillectomy

1/1/1969

Hx of left knee surgery

Health Information Management 0108-00150

PVMC

Patient name: Smith, Karen S

Account #: P00001008122

x3

**Social History****Social History** (Reviewed 10/26/20 @ 13:33 by Santiago Kwiatkowski)**Smoking Status:** Current every day smoker**Tobacco counseling given:** provider counseling**Second hand exposure:** No**Alcohol Intake Frequency:** Holiday/Special Occasion**Alcohol Type:** Beer**Substance Use Type:** Does Not Use**Feels Safe at Home:** Yes**caffeine:** Yes**Review of Systems****Const**

Reports fatigue, Denies fever(s), Reports headache(s), Reports night sweats, Reports weight gain and Denies weight loss

**ENT**

Denies abnormal hearing, Reports headache(s), Reports neck pain and Reports sinus pressure

**Card**

Denies diaphoresis, Denies lightheadedness and Denies dyspnea

**Resp**

Denies dyspnea

**GI**

Reports abdominal pain, Reports constipation, Reports diarrhea, Reports nausea and Reports vomiting

**Musc**

Denies abnormal gait, Denies back pain, Reports arthralgias and Reports neck pain

**Neuro**

Denies abnormal hearing, Denies Abnormal speech present, Denies abnormal gait, Reports headache(s), Denies memory loss, Denies convulsions and Denies seizure-like activity

**Psych**

Reports abnormal sleep pattern (wakens 2 x to urinate), Denies anxiety, Denies change in appetite, Denies depression and Denies memory loss

**Endo**

Reports fatigue

**Exam****Const**

General: cooperative, healthy appearing, well developed and well groomed

Nutritional Appearance: average body habitus

Orientation/consciousness: alert and oriented x3

**Resp**

Effort &amp; Inspection: normal respiratory effort and able to speak in complete sentences

**Cardio**

Rate: regular rate

Rhythm: regular rhythm

**Musc**

Cervical Spine: cervical spasm (left trapezius)

Health Information Management 0108-00150



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