

Case Number:	CM13-0007866		
Date Assigned:	05/02/2014	Date of Injury:	04/01/2010
Decision Date:	07/11/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who has submitted a claim for degenerative disc disease of the cervical spine and cervical stenosis associated with an industrial injury date of April 1, 2010. Medical records from 2010-2013 were reviewed. The patient complained of constant neck pain and headaches. The pain was aggravated with repetitive movement of the neck, overhead work and prolonged sitting. There was also tension between the shoulder blades. Physical examination showed tenderness of the bilateral paracervical muscles and the right trapezius muscle. There was also noted muscle spasm and guarding of the neck. There was positive compression/ Spurling's test on the right. Cervical spine range of motion was reduced. Motor strength and sensation was intact. MRI of the cervical spine dated September 17, 2013 revealed 3mm posterior disc/endplate osteophyte complexes at C4-C5, C5-C6, and C6-C7, mild ventral cord effacement, moderate central canal stenosis, moderate to severe neural foraminal stenosis, and moderate degenerative disc disease; and 2mm posterior disc/endplate osteophyte complexes at C2-C3 and C3-C4, mild central canal stenosis worse at C3-C4, and mild to moderate foraminal stenosis worse at C3-C4. Treatment to date has included medications, physical therapy, acupuncture, deep tissue massage, home exercise program, activity modification, right shoulder cortisone injection, and cervical epidural steroid injection. Utilization review, dated July 9, 2013, modified the request for Sumatriptan succinate tablets 25mg #9 with refills x 2 to Sumatriptan succinate tablets 25mg #9 with refills x 0 because it was not clear if this will be beneficial or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN SUCCINATE TABLETS 25MG #9 WITH 2 REFILLS: 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 Head Chapter, Triptans.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, the patient was having occasional headaches since 2012. There was no documentation that the patient has been diagnosed with migraine headache. The most recent progress report, dated November 14, 2013, did not mention anything about the headaches of the patient. The medical necessity has not been established. The request for sumatriptan succinate tablets 25mg, nine count with two refills, is not medically necessary or appropriate.