

<b>Case Number:</b>	CM13-0011596		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	06/01/1994
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Physical medicine and Rehabilitation 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 was injured between 08/03/1992 and 07/08/1994. The mechanism of injury is unknown. The progress report dated 06/19/2013 indicated the patient complained of upper extremity pain and triggering of the right thumb with constant pain and tenderness to the neck. The objective findings on the exam revealed spasm and tenderness of the paracervical musculature with pain on motion. The right thumb reveals triggering and exquisite tenderness of the first metacarpophalangeal joint. The diagnoses are cervical disc bulging at C3-4, C4-5, and C5-6, headaches, chronic left thoracic outlet syndrome, chronic left cubital tunnel syndrome and chronic left carpal tunnel syndrome, component of fibromyalgia, upper extremity neuropathy and entrapment neuropathy, right shoulder impingement syndrome, left rotator cuff tendinitis and impingement syndrome and anxiety and depression. The patient has been recommended and prescribed hydrocodone APAP 10/325 mg, Fioricet #60, Zolpidem 10 mg #30, and Sumatriptan 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SUMATRIPTAN 50MG #9 BETWEEN 6/19/13 AND 9/8/13: 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), <Head chapter>, < Triptans (Sumatriptan)>.

**Decision rationale:** The Official Disability Guidelines (ODG) and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, recommend the use of Triptans for Migraine headaches when appropriate symptomatology has been documented. The medical records document that the patient has neck pain with radiating symptoms. Further, the documents do not show that the patient has symptoms suggestive of migraine headaches. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**1 PRESCRIPTION OF FLORICET #60 BETWEEN 6/19/13 AND 9/8/13: 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), <Pain>, <Barbiturate containing analgesics agents (Fioricet)>.

**Decision rationale:** The ODG recommends the use of Fioricet for the use of headaches typically in the acute setting. The medical records document that the patient has not shown any prior use of the medication with effective relief and unknown duration of usage has been documented. Further, the guidelines state that there is a risk of overuse and rebound headaches with the use of Fioricet. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.