

Case Number:	CM13-0013005		
Date Assigned:	03/24/2014	Date of Injury:	02/24/2010
Decision Date:	05/20/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report of August 5, 2013, the claims administrator denied a request for injectable Imitrex, stating that the applicant did not carry a diagnosis of migraine headaches for which Imitrex would be indicated. The claims administrator also stated that the applicant's Qualified Medical Examiner (QME) did not explicitly endorse Imitrex. The applicant's attorney subsequently appealed. A March 8, 2013 progress note is notable for comments that the applicant is reportedly having intermittent, severe migraines. The applicant's medication list includes Maxalt, injectable Imitrex, Norco, Naprosyn, and Phenergan. Imitrex and Norco were refilled. The applicant is asked to discontinue Topamax, obtain a urine drug screen, and remain off of work, on total temporary disability. Several other progress notes interspersed throughout 2013, including April 23, 2013, noted that the applicant did in fact carry a diagnosis of migraine headaches and should continue injectable Imitrex for the same, including a later note dated August 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMITREX STAT DOSE SYSTEM 6MG/0.5ML, #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIAN'S DRUG REFERENCE (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIAN'S DRUG REFERENCE (PDR), IMITREX MEDICATION GUIDE.

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference, indications for injectable Imitrex include acute treatment of migraine headaches with or without aura and acute treatment of cluster headaches in adults. In this case, the attending provider has seemingly established through multiple progress notes interspersed throughout 2013 that the applicant in fact carries a diagnosis of migraine headaches for which as-needed usage of Imitrex is indicated and appropriate, contrary to what was suggested by the claims administrator. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.