

Case Number:	CM13-0019588		
Date Assigned:	06/06/2014	Date of Injury:	04/25/2012
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery 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 injured employee is a 46-year-old female who states that she sustained a work-related injury on April 25 and October 10, 2012. The injured employee was seen most recently on January 30, 2014 and had a chief complaint of persistent low back pain and left wrist pain. It was also stated that the injured employee's cervical spine pain was unchanged. The physical examination on this date noted tenderness of the cervical paravertebral muscles and upper trapezium muscles. There was decreased cervical spine range of motion and decreased sensation in the C5 and C7 dermatomes, although it was not stated on which side. Examination of the left wrist noted tenderness of the dorsal compartment and pain with flexion. Examination of the lumbar spine noted tenderness in the mid to distal lumbar segments and pain at the end of motion. There was a positive straight leg raise, although it was not stated on which side. There was also decreased sensation in the L5 and S1 dermatomes, although it was not stated on which side. There was a diagnosis of cervical discopathy with radiculitis, carpal tunnel/double crush syndrome, and lumbar disc herniation with left lower extremity radiculopathy. A transcutaneous electrical nerve stimulation (TENS) unit was recommended for home use, and a left wrist brace was prescribed. A utilization management review, dated July 30, 2013, did not medically necessitate the use of Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SUMATRIPTAN 25MG RETROSPECTIVE 6/6/2013-6/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Migraines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication, accessed June 26, 2014, (<http://emedicine.medscape.com/article/1142556-medication>).

Decision rationale: The medication Sumatriptan is a common abortive medication for migraine headaches. According to the medical records provided, the injured employee does not have any headache complaints and there is no indication for the use of Sumatriptan for any of the included diagnoses. For this reason, this request for Sumatriptan is not medically necessary.