MAXIMUS Federal Services

Case Number:	CM13-0022161		
Date Assigned:	11/13/2013	Date of Injury:	02/25/2011
Decision Date:	04/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 31-year-old female who reported an injury on 02/25/2011. The mechanism of injury was noted to be an industrial refrigerator door fell on top of the patient's head. The patient had complaints of persistent headaches. The patient's diagnosis was noted to be post-traumatic headache unspecified. The patient was noted to be taking sumatriptan since 01/28/2013. The patient was noted to have unpredictably occurring severe migraines, as well as chronic daily headache and was recommended for Botox for injection protocol. The patient was intolerant of Topamax in higher doses due to paresthesias side effects. The patient had a trial Botox injection on 04/24/2013 that was successful in reducing the frequency of the headache from 15+ days per month to 4 to 8 days per month, but the effect wore off as of 07/26/2013 and the patient was in the office for a repeat injection. The patient was noted to be needing triptans 3 to 4 times a week. The patient indicated that when she used her EpiPen-type sumatriptan injector, the needle caused more bruising and welts than did the needless Sumavel injector and the request was made for Sumavel DosePro 6 mg/0.5 mL subcutaneous needle-free injector.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMAVEL DOSEPRO 6MG/0.5ML SUBQ NEEDLE FREE INJECTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.sumaveldosepro.com and http://www.zogenix.com/content/technology/dospro.htm.

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.

Decision rationale: Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the patient had migraine headaches. The request as submitted failed to indicate the quantity of Sumavel DosePro with needle-free injectors that were being requested. Given the above, the request for Sumavel DosePro 6 mg/0.5 mL subcutaneous needle-free injector is not medically necessary.