

Case Number:	CM13-0030381		
Date Assigned:	11/27/2013	Date of Injury:	09/12/2011
Decision Date:	09/29/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This is a 55-year-old female with a 9/12/11 date of injury. The mechanism of injury occurred as a result of repetitive use of her right hand/arm/wrist while using the computer at work. According to a progress note dated 8/7/13, the patient complained of persistent neck pain that was aggravated by repetitive motions of the neck/prolonged positioning of the neck. Objective findings: tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, limited cervical ROM, tenderness at the right thumb interphalangeal joint, pain with terminal flexion, neurovascular status remains intact. The patient was prescribed Sumatriptan for her headaches associated with her neck pain. Diagnostic impression: cervical discopathy, status post right carpal/cubital tunnel release, carpal/cubital tunnel syndrome/double crush syndrome. Treatment to date: medication management, activity modification, physical therapy, right carpal tunnel release. A UR decision dated 9/24/13 denied the retrospective request for Sumatriptan, DOS 8/7/13. A review of the records failed to reveal a diagnosis of migraines. The provider reported dispensing this medication for the patient's headaches that were associated with her neck pain. In May 2013, the provider stated these headaches were migrainous in nature; however subjective report stated the onset of headaches were associated with increased cervical pain, which is indicative of cervicogenic headaches versus migrainous headaches. Guidelines state triptans are recommended for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sumatriptan Succinate 25mg, DOS: 8/7/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. The provider stated in a report dated 8/7/13 that Sumatriptan was prescribed for the patient's headaches associated with her neck pain. In the reports reviewed, there is no documentation that the patient has migraine headaches. Therefore, the request for Retrospective Sumatriptan Succinate 25mg, Dos: 8/7/13 is not medically necessary.