

<b>Case Number:</b>	CM13-0040294		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 04/21/2006. The mechanism of injury was not specifically stated. The latest Physician's Progress Report submitted for this review is documented on 03/13/2013 by [REDACTED]. The patient reported chronic low back pain with bilateral lower extremity pain. Current medications included Imitrex, Celebrex, Flexeril, Cymbalta, hydromorphone, Provigil and Lyrica. Physical examination revealed an antalgic gait and tenderness to palpation with reduced sensation in the bilateral feet. Treatment recommendations included the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUMATRIPTAN SUCCINATE 25MG #9 WITH 1 REFILL:** 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.

**Decision rationale:** The Official Disability Guidelines state that triptans are recommended for migraine sufferers. Differences among them are in general relatively small. As per the

documentation submitted, the patient has continuously utilized this medication. There is no documentation of chronic migraines or headaches. There is also no indication of a functional response to the current medication. The medical necessity has not been established. Therefore, the request for Sumatriptan Succinate 25mg #9 with one refill is not medically necessary and appropriate.