

<b>Case Number:</b>	CM13-0045222		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, and is licensed to practice in Florida. 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 worker is a 56-year-old female who reported an injury on 11/05/2012. The injured worker was seen on 10/10/2013 for intermittent pain from continuous trauma to the bilateral wrists from extensive typing as well as neck pain due to a lot of phone answering. The injured worker was re-evaluated on 10/31/2013 for persistent pain of the neck which is aggravated with usual activities. The injured worker also had bilateral shoulder and bilateral wrist pain. On physical examination, the injured worker had axial loading compression test and Spurling's maneuver positive of the cervical spine, which was painful and restricted in range of motion. The injured worker also had dysesthesia at the C6 and C7 dermatomes. On the bilateral shoulders, the injured worker had a positive impingement and Hawkins sign and pain with terminal motion. On the bilateral wrist examination, the injured worker had positive Tinel's and Phalen's sign with dysesthesias at the digits as well as pain with terminal flexion. The injured worker has been diagnosed with cervical discopathy, carpal tunnel/double crush syndrome, and rule out internal derangement of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUMATRIPTAN SUCCINATE TABLET:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head

**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, section on Triptans.

**Decision rationale:** According to the Official Disability Guidelines, triptans are recommended for migraine sufferers, and at marked doses, all oral triptans have been effective and well-tolerated. Although the injured worker has been diagnosed with cervical discopathy, and had objective reference to headaches, there is nothing in the documentation provided for review that indicates the injured worker needs to use a triptan to treat any migraine headaches or other similar headaches as there is nothing stating previous oral analgesics had been ineffective in treating her symptoms. Furthermore, the physician has failed to request the dosage, frequency, and duration for the use of this medication. Therefore, the sumatriptan succinate tablets cannot be considered medically necessary.

**TRAMADOL HYDROCHLORIDE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, Tramadol is a specific opioid that is utilized to produce symptom relief and improve function for a time period of up to 3 months. Although the injured worker has had ongoing complaints of cervical and bilateral shoulder and wrist pain, the physician has failed to provide the dosage, frequency, and duration for the use of this medication. Furthermore, previous medication use was not stated in the documentation. Therefore, it is unclear if the injured worker had been utilizing tramadol prior to the requested service date. Since this medication is not supported for more than 3 months of use, and with the lack of information in the prescription, the requested service cannot be supported as medically necessary and appropriate.