

<b>Case Number:</b>	CM13-0046538		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/28/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/07/2013
<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 Internal and Emergency Medicine 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:

This patient is a 53 year-old with a date of injury of 12/28/09. A progress report associated with the request for services, dated 10/16/13, states the patient was taking medications as directed. Otherwise, no subjective complaints were listed. Objective findings included normal vital signs and notation that the patient was alert. Diagnoses included headache, depression, gastritis, and insomnia. Treatment was to continue current medications. An 07/02/13 evaluation by a different practitioner noted that she was receiving physical therapy post surgery on the lumbar spine. Her diagnoses included lumbar disc disease with radiculopathy. A Utilization Review determination was rendered on 11/07/13 recommending non-certification of "SUMATRIPTAN 50M; HYDROCODONE 10/325MG".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUMATRIPTAN 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAD, TRIPTANS

**Decision rationale:** Sumatriptan is a serotonin (5-HT) receptor agonist used for the treatment of migraine headaches. The Medical Treatment Utilization Schedule (MTUS) does not address the use of triptans. The Official Disability Guidelines (ODG), states that triptans are recommended for migraine sufferers. All oral triptans are effective and well tolerated. In this case, the progress report does not describe the symptom of migraine headaches nor are migraine headaches included in the diagnoses. Therefore, in this case, the record does not document the medical necessity for sumatriptan.