

Case Number:	CM13-0046765		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2006
Decision Date:	08/21/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, cubital tunnel syndrome, and headaches reportedly associated with an industrial injury of September 1, 2006. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; electrodiagnostic testing of May 2012, reportedly notable for mild left cubital and carpal tunnel syndrome. In a Utilization Review Report dated October 17, 2013, the claims administrator denied a request for Sumatriptan on the grounds that the applicant did not have migraine headaches for which Sumatriptan would be indicated. The applicant's attorney subsequently appealed. A May 27, 2013 progress note is notable for comments that the applicant did in fact carry diagnosis of chronic neck pain status post earlier cervical laminectomy and headaches. The applicant was described as experiencing unchanged symptoms of headaches. The note was difficult to follow. The applicant did report occipital type headaches with mild photosensitivity, noise sensitivity, and smell sensitivity. The applicant also exhibited symptoms of nausea from time to time, it was further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Tablets of Sumatriptan 25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guidelines: Imitrex Label, Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../label...

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Imitrex Label, Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../label.

Decision rationale: The request for 15 tablets of Sumatriptan 25 mg is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of Sumatriptan usage. As noted by the Food and Drug Administration (FDA), Sumatriptan or Imitrex is indicated in the acute treatment of migraine headaches with or without aura. In this case, the applicant's description of symptoms of headaches with associated photophobia, phonophobia, and nausea, taken together, are highly suggestive of migraine headaches for which Sumatriptan is indicated therefore, this request is medically necessary.