

<b>Case Number:</b>	CM13-0058723		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 25-year-old male who reported an injury on 07/21/2013. The mechanism of injury was a motor vehicle accident. A review of the medical record reveals the patient's diagnoses include persistent daily headaches, rule out postconcussive, and axial back pain. MRI of the brain dated 11/21/2013 performed by [REDACTED], revealed a normal MRI of the brain, large mucus retention cysts within the maxillary sinuses without air fluid levels suggesting chronic sinus disease. Clinical note dated 09/18/2013 reveals the patient continued to have complaints of chronic headaches and low back pain. Physical examination revealed cranial nerves 2 through 12 grossly intact. There was no nystagmus noted. Finger to nose intact. Rapid alternating movements were intact, sensory exam within normal limits in the face, head, as well as upper and lower extremities. Deep tendon reflexes were all within normal limits in the upper and lower extremities. No clonus noted. Pupils were equally round, reactive, and accommodating to light. Extra-ocular movements were within normal limits, no hyperalgesia, allodynia, or dysesthesias throughout. Examination of the musculoskeletal system revealed range of motion was within normal limits on flexion and extension. The patient was able to toe and heel and walk within normal limits. Motor strength was within normal limits throughout. Axial loading within normal limits with some moderate spinal tenderness noted. A negative Patrick's sign and straight leg raise negative bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50mg #10 for DOS: 9/18/2013: Overturned**

**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, Triptans

**Decision rationale:** California MTUS/ACOEM does not address Imitrex or serotonin receptor agonist. Per Official Disability Guidelines it is stated that Imitrex or sumatriptan is recommended for migraine sufferers. The patient's diagnosis is persistent daily post-concussive headaches. Anti-migraine medications are frequently used to treat the patient's disorder. The request is a tapering dosage of Imitrex from twice daily to 10 total tablets per month as needed. As such, the request for Imitrex 50 mg #10 for date of service 09/18/2013 is certified.