

Case Number:	CM13-0065270		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2003
Decision Date:	10/08/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 and Rehabilitation 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 injured worker is a 46-year-old female who reported an injury on 04/24/2003. The clinical note dated 11/12/2013 is handwritten and hard to decipher. The clinical note indicated diagnoses of anxiety and depression. The injured worker reported low back pain, leg pain, abdominal pain. The injured worker reported the pain meds did not relieving enough pain. The pain meds do not relieve cramping and the injured worker reported nausea. The injured worker reported she received frequent migraines as well. The injured worker reported Sumatriptan had been helpful in the past. On physical examination, the injured worker had difficulty sitting comfortably. The injured worker had leg pain with positive depression. The injured worker's treatment plan included Sumatriptan. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Sumatriptan, hydrocodone, ondansetron, Xanax. The provider submitted a request for Sumatriptan. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumpatriptan #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Head (acute and chronic)

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: The request for Sumpatriptan #5 is not medically necessary. The Official Disability Guidelines state Sumatriptan is recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. There is a lack of documentation of efficacy and functional improvement with the use of Sumatriptan. In addition, the injured worker needs an updated physical examination. Furthermore, the request does not indicate a frequency, dosage or quantity. Therefore, the request is not medically necessary.