

<b>Case Number:</b>	CM14-0001841		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 patient was most recently seen on 11/23/13 with complaints of ongoing neck pain that was not well controlled with narcotics, Imitrex which she has been on since at least August 2013, or her SCS. She is noted to have Complex Regional Pain Syndrome (CRPS) of the right upper extremity. Exam findings revealed suboccipital and cervical paraspinal tenderness, with limited range of motion of the C spine. An MRI of the C spine from 9/14/05 revealed a 2mm disc bulge at C5/6 consistent with annular tear and fissure and at C4/5. Assessment includes cervical strain with associated cervicogenic headaches. Conservative management has failed to provide the patient with relief from her neck pain. It is noted the patient has palpable trigger points in the cervical musculature. The patient was requesting to be placed back on Relpax, which has been effective in managing her migraine headaches. It is noted that the patient already had additional prescription refills for Relpax and did not need a prescription in that day. Treatment to date for neck pain includes NSAIDS, physical therapy, stretching, muscle relaxants, and trigger point injections. Utilization review denied the request for Imitrex on 12/4/13. It was noted that the patient's headaches appeared to be cervicogenic. While cervicogenic headaches can lead to Migraine headaches, and a Triptan may be appropriate, apparently Relpax was tolerated/more effective than Imitrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMITREX 100 MG:** 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 CHAPTER, TRIPTANS.

**Decision rationale:** According to the Official Disability Guidelines (ODG), Triptans are effective in treating migraine headaches. Imitrex is a Triptan recommended to break a migraine headache. This patient has neck pain and apparent cervicogenic headaches, the frequency, severity, and nature of which are not well described. In addition, the patient has been on Imitrex since at least August off 2013 with no change in her cervicogenic headaches. The patient asked to be placed back on Relpax in November 2013, and the progress note states the patient already had additional prescription refills for Relpax. Relpax is also a Triptan. It is unclear why the patient requires Imitrex when she already has a prescription for Relpax, and in addition she prefers the Relpax over the Imitrex with regard to her cervicogenic headaches. Therefore, the request for Imitrex 100 mg is not medically necessary and appropriate.