

<b>Case Number:</b>	CM14-0009801		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 General Surgery 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 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 58 year old male injured on 04/26/13 while under unloading 80 pound motor from a truck resulting in severe painful sensation in his neck, right shoulder, and low back. The injured worker received physical therapy and medication management since the initial injury. Current diagnoses included chronic cervical/thoracolumbar ligamentous and muscular strain with possible discopathy, chronic right shoulder strain with impingement, elbow strain with ulnar nerve paresis, chronic right wrist strain with extensor tenosynovitis, Mild sleep disorder, and mild stress/anxiety/depression. Current medications included ergot 1mg/caffeine 15mg/acetaminophen 400mg #42 BID and Ultram 50mg BID. The injured worker complained of cervical spine and lumbar spine pain in addition to right shoulder pain. The injured worker had associated stiffness, weakness, and numbness to those areas. The injured worker rated his pain at 8/10 without medication and 4/10 with medication. Topical creams were utilized and assisted with pain management. The initial request for ergot 1mg/caffeine 15mg/acetaminophen 400mg #42 was initially non-certified on 01/15/14. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ERGOT 1 MG / CAFFEINE 50 MG / APAP 400 MG #42:** Upheld

**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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:

[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/DRUGINFO/MEDS/A601048.HTML](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601048.html)

**Decision rationale:** The combination of ergotamine and caffeine is used to prevent and treat migraine headaches. Ergotamine is in a class of medications called ergot alkaloids. It works together with caffeine by preventing blood vessels in the head from expanding and causing headaches. There is no indication in the documentation that the patient experiences a decrease in pain as a result of use of this medication. Additionally, there is no indication that first-line headache treatments were utilized prior to this medication. As such, the request for Ergot 1 Mg / Caffeine 50 MG / APAP 400 MG #42 is not recommended as medically necessary.