

Case Number:	CM14-0019380		
Date Assigned:	04/23/2014	Date of Injury:	07/14/1989
Decision Date:	07/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records reflect that this is a 65 year-old individual whose date of injury dates back to July, 1989. The current diagnosis is noted to be lumbago. The preauthorization review completed indicated this medication is being proposed to treat headaches associated with a cervical spine complaint. It is noted that a cervical spine surgery has been completed and there are a number of psychiatric comorbidities. The progress note dated January 6, 2014 noted multiple cervical spine diagnoses to include herniated disc, the dinner disc disease, a couple tunnel syndrome, lumbar spine degenerative disc disease, and several psychiatric complaints. The history did not identify any acute changes. There are ongoing complaints of headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMITREX 100 MG, #9 TABLETS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Physician Desk Reference, Goodman And Gilman's Text.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline Or Medical Evidence: Physician Desk Reference, Goodman And Gilman's Text.

Decision rationale: It is noted that neither the MTUS, ACOEM nor ODG addresses this particular medication. This medication is to address subjective pain complaints associated with migraine headaches. The progress notes indicate a number of medications for pain and muscle spasm (Norco, Valium), however, the efficacy of this preparation is not reported. Therefore, with no noted efficacy and no support in the MTUS or ODG, there is insufficient clinical data presented to endorse this request. Therefore, the request for IMITREX 100mg, #9 is not medically necessary and appropriate.