

<b>Case Number:</b>	CM14-0019520		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 55-year-old male, who has submitted a claim for displacement lumbar disc without myelopathy, degenerative cervical intervertebral disc, degenerative lumbar/lumbosacral intervertebral disc, postlaminectomy syndrome lumbar region, cervicalgia, cervicocranial syndrome, lumbago, thoracic/lumbosacral radiculitis, spasm of muscle and unspecified myalgia and myositis associated with an industrial injury date of 6/15/2000. The medical records from 2013 were reviewed, which revealed persistent neck pain and headache. The back was worse on pressure changes. The low back pain and leg pain were controlled. The pain scale was at 7/10. The physical examination showed tenderness in the paralumbar muscles in the lumbosacral junction over the hardware. He has significant axial pain. Radicular pain was noted bilaterally with numbness to both sides. Sit to stand was difficult. The gait was mildly ataxic. The treatment to date has included, physical therapy and home exercise program. The medications taken included Docusate Sodium, Duloxetine, Zolpidem, Escitalopram, Polyethylene Glycol, Morphine, MS Contin, Oxycontin, Omeprazole, Fentanyl, Sumatriptan Succinate, Trazodone and Diazepam. The utilization review from 2/13/2014 denied the request for Sumavel Dosepro Devi 6mg/0.5mL, because patient does not have a documented history of migraines. In addition, the patient had no intolerance to oral triptans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumavel Dosepro Devi 6mg/0.5ml times nine (9): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter, Triptans, and on the Non-MTUS <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695023.html>.

**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, Migraine Pharmaceuticals.

**Decision rationale:** The Official Disability Guidelines recommended Triptans for migraine sufferers. Oral Triptans are effective and well tolerated. In this case, the patient was prescribed Sumavel Dosepro Devi 6mg/0.5 mL, brand name of Sumatriptan, since at least October 2013. The progress report dated 2/4/14, mentioned that Sumavel injection works well for his migraine. However, the medical records did not mention measurable subjective or functional benefit as a result of utilizing this medicine. In addition, the medical records did not mention if patient had intolerance to oral Triptans. Medical necessity has not been established. Therefore, the request is not medically necessary.