

<b>Case Number:</b>	CM14-0111134		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 41-year-old male with a reported date of injury on 07/05/2011. His diagnoses included lumbar disc displacement, cervical disc displacement, back symptoms, lumbosacral neuritis, shoulder pain, and tarsometatarsal sprain. Previous diagnostic studies included a lumbar MRI dated 08/13/2011, which was noted to reveal mild dextroconvex of the thoracolumbar junction with grade 1 approximately 2 mm to 3 mm retrolisthesis at L5-S1. The injured worker is status post fusion with cadaver bone on 10/21/2013. On 10/28/2011, the injured worker underwent a left L5 lumbar transforaminal epidural steroid injection and left S1 transforaminal epidural steroid injection, which was noted to completely resolve his pain for 7 days. The injured worker's treatment plan includes 1 month increase in MS Contin, requesting the patient undergo a repeat RF, and to continue the medications prescribed. The clinical note dated 08/04/2014 indicates the patient presented with followup of back pain and low back pain, rated at 6/10. The injured worker presented with back stiffness and weakness in the right and left leg. The injured worker's medication regimen included Donnatal, lorazepam, Norco, naratriptan, Inderal, Lunesta, MS Contin, tizanidine, duloxetine, gabapentin, and ibuprofen. The request for authorization for Naratriptan 2.5 mg #27 was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naratriptan 2.5mg #27:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Migrain Pharmaceutical Treatment.

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to 1 triptan does not predict a poor response to other agents in that class. The clinical information provided for review lacks documentation related to the injured worker's signs, symptoms, and functional deficits related to suffering from migraine headaches. There is a lack of documentation related to the functional therapeutic benefit in the ongoing use of naratriptan. In addition, there is a lack of documentation related to how often the patient utilized the medication and the benefit or lack of benefit related to the use of naratriptan. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for Naratriptan 2.5 mg #27 is not medically necessary.