

Case Number:	CM14-0134177		
Date Assigned:	08/25/2014	Date of Injury:	02/15/2002
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 & Washington. 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 48-year-old female who reported an injury on 02/15/2002. The mechanism of injury was not provided for clinical review. The diagnoses included cervical pain/cervicalgia, myofascial pain syndrome/fibromyalgia. The previous treatments included medication, functional capacity evaluation, and physical therapy. Within the clinical note dated 07/01/2014, it was reported that the injured worker complained of continued pain in the back, neck, and right shoulder. The injured worker complained of shoulder pain located on the right shoulder. She rated her pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the right upper shoulder. The injured worker had tenderness at the subacromial space and pain with resisted abduction. The range of motion of the shoulder was decreased with abduction and pain with abduction. The provider noted the injured worker had tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion and decreased extension. The provider requested Sumatriptan succinate. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 100mg, #14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Triptans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Head, Triptans.

Decision rationale: The Official Disability Guidelines recommend sumatriptan for migraine sufferers. All oral triptans, including Sumatriptan, are effective as well as tolerated. Differences among them are, in general, are relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in this class. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of significant subjective and objective findings indicating the injured worker was treated for, or suffers from, migraines. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.