

Case Number:	CM14-0134855		
Date Assigned:	08/27/2014	Date of Injury:	07/09/2003
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation 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:

This 44 year-old patient sustained an injury on 7/9/2003 from a fall from a ladder while employed by [REDACTED]. Request(s) under consideration include Imitrex 25MG 3 times a day prn for headaches. The patient is s/p L4-5 fusion; s/p left shoulder arthroscopy. Report of 7/31/14 from the pain management provider noted patient with ongoing neck, shoulder, back, and leg pain with headaches. It was noted the patient had developed GERD, chronic pain syndrome, depression and behavioral disturbances with intervention. There is also medical history of hypertension, obesity, sleep apnea. The patient has ongoing chronic opioid use and has been switched to Suboxone. Conservative care has also included suboccipital injections at base of neck which has helped with the headaches. Psychiatric report of 8/18/14 noted ongoing psychiatric treatment with insomnia, anxiety and depression on Ambien, Trazodone, and Wellbutrin. Report of 8/12/14 from the pain management provider noted the patient with ongoing neck, ar, and low back pain with depression and he aches. Exam showed cervical , left shoulder, lumbar, and left knee tenderness; limited range; positive SLR, hypoesthesia in right lateral leg and posterior calf; 5/5 in all major muscle groups; DTRs 1+ symmetrically in upper and lower extremities. Diagnoses included failed low back pain surgery; failed SCS trial; cervical sprain/strain/ radiculopathy in setting of normal MRI/ cervicalgia related to occipital headache; depression. Medications prescribed included Oxycodone, Prilosec, and Imitrex. The request(s) for Imitrex 25mg 3 times a day prn for headaches was not medically necessary on 8/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMITREX 25MG 3 TIMES A DAY PRN FOR HEADACHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Triptans PG 221.

Decision rationale: This 44 year-old patient sustained an injury on 7/9/2003 from a fall from a ladder while employed by [REDACTED]. Request(s) under consideration include IMITREX 25MG 3 times a day prn for headaches. The patient is s/p L4-5 fusion; s/p left shoulder arthroscopy. Report of 7/31/14 from the pain management provider noted patient with ongoing neck, shoulder, back, and leg pain with headaches. It was noted the patient had developed GERD, chronic pain syndrome, depression and behavioral disturbances with intervention. There is also medical history of hypertension, obesity, sleep apnea. The patient has ongoing chronic opioid use and has been switched to Suboxone. Conservative care has also included suboccipital injections at base of neck which has helped with the headaches. Psychiatric report of 8/18/14 noted ongoing psychiatric treatment with insomnia, anxiety and depression on Ambien, Trazodone, and Wellbutrin. Report of 8/12/14 from the pain management provider noted the patient with ongoing neck, ar, and low back pain with depression and heaches. Exam showed cervical , left shoulder, lumbar, and left knee tenderness; limited range; positive SLR, hypoesthesia in right lateral leg and posterior calf; 5/5 in all major muscle groups; DTRs 1+ symmetrically in upper and lower extremities. Diagnoses included failed low back pain surgery; failed SCS trial; cervical sprain/strain/ radiculopathy in setting of normal MRI/ cervicalgia related to occipital headache; depression. Medications prescribed included Oxycodone, Prilosec, and Imitrex. The request(s) for imitrex 25mg 3 times a day prn FOR HEADACHES was non-certified on 8/20/14. Imitrex Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. Submitted reports have not adequately identified clinical findings or remarkable diagnostics to support for the medication. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of headaches. There is no history of head trauma and cervical spine MRI of the cervical spine was unremarkable. Medical necessity has not been established or demonstrated from the submitted reports. The Imitrex 25MG 3 times a day prn for headaches is not medically necessary and appropriate.