

<b>Case Number:</b>	CM14-0159072		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 50-year-old female whose date of injury was January 20, 1999. She is complaining primarily of left-sided neck pain radiating into the upper extremities with numbness, low back pain radiating into the lower extremities, and migraine headaches frequently triggered by her neck pain. The physical exam show diminished cervical range of motion with tenderness to palpation of the left inter scalene muscles and the left levator scapula. There is diminished lumbar range of motion with tenderness to palpation of the lower lumbar region including the sacroiliac joints. Straight leg raise testing is positive bilaterally. There is diminished sensation to the dorsum of the hands and the posterior left calf extending to the heel. The diagnoses include cervical degenerative disc disease with radiculopathy, lumbar degenerative disc disease with radiculopathy, chronic neck and back pain, and migraine headaches triggered by cervicalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zomig nasal spray, 1-2 sprays #1, as an outpatient for neck and low back pain:** 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) Worker's Compensation Drug Formulary, Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th ed.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans

**Decision rationale:** Zomig nasal spray is a triptan which is a class a medication recommended by the ODG for migraine sufferers. Because the request in this case is for Zomig nasal spray, 1-2 sprays #1, as an outpatient for neck and low back pain, the request cannot be considered medically necessary as neck and low back pain are not recognized indications for the triptan class of medication.