

Case Number:	CM14-0162623		
Date Assigned:	10/07/2014	Date of Injury:	01/04/2011
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on January 4, 2011. Subsequently, he developed chronic neck pain and headaches. The patient underwent C5-6 RFA on April 27, 2012; C5-6 and C6-7 anterior fusion; C3-4 fusion (with 100% improvement in his right upper extremity arm symptoms with improvement in his neck pain); and bilateral C2-3 and C3-4 medial branch blocks on September 19, 2014 (with 0% relief). According to a progress report dated October 8, 2014, the patient had ongoing neck pain. Physical examination showed cervicooccipital tenderness increasing with cervical extension and rotation. Grip is 5/5 bilaterally. He is able to pinch without gross weakness. Elbow flexion and extension is full. The patient was diagnosed with cervical root lesions and cervicalgia. The provider requested authorization for Sumatriptan Succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 7/23/14 Sumatriptan Succinate 50mg, #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Selective serotonin receptor agonists www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Balaguer-Fernandez, C., et al. (2008). "Sumatriptan succinate transdermal delivery systems for the treatment of migraine." *J Pharm Sci* 97(6): 2102-2109.

Decision rationale: Sumatriptan Succinate is a treatment for migraine headaches. The patient's record did not document a clear history of headache or migraine induced and occurring during the course of his employment or prior to that. There is no recent documentation of migraine headaches. Although MTUS guidelines are silent regarding the use of Sumatriptan Succinate, there is no specific documentation to support the need for this medication. Therefore, the request for Retrospective DOS: 7/23/14 Sumatriptan Succinate 50mg, #90 with 3 refills is not medically necessary.