

Case Number:	CM14-0172345		
Date Assigned:	10/23/2014	Date of Injury:	05/19/2011
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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; has a subspecialty in Interventional spine 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 patient is a 52 year old with an injury date on 5/19/11. Patient complains of significant cervical pain and lumbar pain, rated 7-8/10 with no changes since last visit per 7/7/14 report. Patient has ongoing symptoms of headache, dizziness, cognitive difficulties and anxiety attacks per 7/7/14 report. Based on the 7/7/14 progress report provided by [REDACTED] the diagnoses are: 1. syndrome postconcussion 2. cervical disc displacement without myelopathy 3. head injury NOSE Exam on 7/7/14 showed "moderately obsess. Normal muscle tone in upper/lower extremities." No range of motion testing was provided in reports. Patient's treatment history includes L-spine MRI, psychiatric evaluation, psychology treatment (unspecified), and visit with ENT specialist. [REDACTED] is requesting sumatriptan succinate imitrex 25mg #9. The utilization review determination being challenged is dated 9/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/10/14 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate-imitrex 25mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head chapter for Triptans (Sumatriptan aka Imitrex)

Decision rationale: This patient presents with neck pain, back pain, and headache. The treater has asked for Sumatriptan succinate imitrex 25mg #9 on 7/7/14. The patient has been taking Sumatriptan since 1/10/14. Regarding Sumatriptan aka Imitrex, ODG Recommends for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. In this case, the patient has been taking Sumatriptan for 5 months without documentation of effectiveness in pain relief or a noted increase in activities of daily living. Regarding medications for chronic pain, MTUS pg. 60 states treater must keep a record of pain and function. The requested replax 40mg #60 is not considered medically necessary at this time.