

<b>Case Number:</b>	CM14-0192267		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal 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 68-year-old female who appears to have at least 2 dates of injury. The 1st appears to be November 3, 2001 whereby she developed neck pain while pulling a box while poised on a ladder. The 2nd injury stems from 2002 when she had a trip and fall injury on her right knee. The injured worker has had two neck surgeries, at least one of which was a fusion. She continues to experience neck pain, right knee pain, and frequent headaches. The physical exam reveals diminished cervical range of motion, muscular tenderness of the cervical spine and trapezius muscles, and a positive McMurray's sign of the right knee with crepitus during flexion. The diagnoses include cervicogenic headaches, torn lateral and medial menisci of the right knee, osteoarthritis of the right knee, cervical spine disc disease, hypertension, and depression. Medications include Lortab 10 mg every 4 hours as needed for pain, Fioricet 1-2 every 4 hours as needed for headaches, trazodone 50 mg at bedtime, Cymbalta 60 mg twice daily, Neurontin 300 mg 3 times daily, and Imitrex 100 mg as needed for headaches. At issue is a request for Imitrex 100 mg, # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 100mg, #30:** 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) Head Chapter\_ Imitrex (sumatriptan)

**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:** Imitrex is a triptan type of medication. Per ODG, these medications are recommended 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 instance, the injured worker is diagnosed as having cervicogenic headaches. There is no diagnosis of migraine headaches found within the medical record reviewed and there are no subjective findings which are consistent with a history of migraine headaches. Consequently, Imitrex 100mg, #30 is not medically necessary.