

<b>Case Number:</b>	CM14-0020395		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	05/15/1995
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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 is a 54-year-old male with a 05/15/1995 date of injury. A specific mechanism of injury was not described. 1/29/14 determination was non-certified given Sumatriptan and Imitrex was indicated for migraine headaches and the patient has cervicogenic headaches. Fiorinal was not certified given that Fioricet is not recommended for chronic pain. 1/15/14 medical report identifies that MS Contin caused severe nausea and dizziness. Fentanyl patch in the past also caused severe nausea. She got significant relief with the Nucyncta although she felt that it was not working as well as it had when initially started. She was complaining of severe headache on the right side of the head at the time of examination. She was taking leftover Fiorinal which was generic and did not work as well as brand name. She also was taking Imitrex nasal spray as needed for headaches which helped. She was seeing a psychiatrist (██████████) for Wellbutrin and Adderall (through her private insurance). She had seen pain psychologists in the past which were helpful in stabilizing her mood and helping her cope with her pain, but she has not seen them since 2012. She had seen a neurologist ██████████ in the past for management of her headaches. Exam revealed severe cervical paraspinals muscle tenderness to palpation, right side greater than left. Tenderness over the right trapezius muscle and right occipital region. Neurological examination was within normal limits. Diagnoses include chronic neck pain, cervical syrinx, cervical radiculopathy, cerviogenic headaches, depression and anxiety associated with chronic pain. Refills were recommended for Nucynta, Fiorinal, and Imitrex spray 5mg. An occipital nerve block was performed at the time of the office visit. 3/12/14 medical report identify the same subjective and objective findings reported on 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUMATRIPTAN NASAL SPRAY 20 MG#6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/sumatriptan-oral-nasal.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head Chapter Triptans <http://www.drugs.com/pro/imitrex.html>.

**Decision rationale:** This medication belongs to the class of triptans, which are used to break migraine headaches. There is no mention of intensity, duration, or frequency of headaches. The patient has been diagnosed with cervicogenic headaches and Imitrex is only approved for migraine after a clear diagnosis has been made. This has not been clearly indicated in the medical records. In addition, it was not clear if Imitrex treatment provided significant headache improvement/resolution, or if only decreased the pain to some degree. As the FDA recommends that if a patient has no response to the first migraine attack treated with Imitrex, reconsider the diagnosis of migraine before Imitrex is administered to treat any subsequent attacks. In addition, specifically regarding the 20mg nasal spray, the medical report does not indicate a prescription for such, as the 5mg is listed as recommended for refill.

**IMITREX NASAL SPRAY 5 MG #10:** 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 Triptans <http://www.drugs.com/pro/imitrex.html>.

**Decision rationale:** This medication belongs to the class of triptans, which are used to break migraine headaches. There is no mention of intensity, duration, or frequency of headaches. The patient has been diagnosed with cervicogenic headaches and Imitrex is only approved for migraine after a clear diagnosis has been made. This has not been clearly indicated in the medical records. In addition, it was not clear if Imitrex treatment provided significant headache improvement/resolution, or if only decreased the pain to some degree. As the FDA recommends that if a patient has no response to the first migraine attack treated with Imitrex, reconsider the diagnosis of migraine before Imitrex is administered to treat any subsequent attacks.

**FLORINAL 325/50/40/#120:** 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) Pain, Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter Barbiturate-containing analgesic agents (BCAs) <http://www.drugs.com/pro/fiorinal.html>.

**Decision rationale:** The FDA states that the efficacy and safety of Fiorinal in the treatment of multiple recurrent headaches is unavailable, which apparently is what the patient was presenting. In addition, ODG states that Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. Considering this, there was no clear indication for the use of this medication in the management of the patient's cervicogenic headaches.