

<b>Case Number:</b>	CM14-0021451		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational Medicine 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:

This is a 44-year-old female with a 12/3/01 date of injury. The mechanism of injury was not noted. In a 2/4/14 progress note, the patient complained of chronic, severe cervical pain due to degenerative joint and disc disease with a history of complex regional pain syndrome type of the bilateral upper extremities. The patient reported that her average pain without medications is a 10/10, with medications it is a 4-5/10. Objective findings: palpation and tenderness upon cervical exam, decreased deep tendon reflexes in the upper and lower extremities, all other findings normal. Diagnostic impression: tendinitis in left hand and right wrist, bilateral carpal tunnel release, cervical radiculopathy, degeneration of cervical intervertebral disc. Treatment to date: medication management, activity modification. A UR decision dated 2/6/14 denied the request for Imitrex. There is question as to documentation of history of migraine headaches, how long the claimant had been on the medication, how often the claimant uses the medication, its efficacy, and any side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMITREX 100 MG I TABLET TWICE DAILY AS NEEDED FOR HEADACHES #9:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG recommends medication to manage migraine headaches.

**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: FDA (Sumatriptan).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. In the reports reviewed, there is no documentation that the patient is actually experiencing migraine headaches. There is no discussion by the physician as to why Imitrex is being prescribed for this patient. There is no documentation of functional improvement gained from the use of Imitrex. Therefore, the request for Imitrex 100 mg (1) tablet twice daily as needed for headaches #9 was not medically necessary.