

Case Number:	CM14-0022349		
Date Assigned:	05/09/2014	Date of Injury:	10/25/2012
Decision Date:	07/24/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Tennessee. 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 49-year-old female with a date of injury of 10/25/12. The mechanism of injury was due to a facial contusion and multiple body parts injury. On 12/2/13, she complained of thoracic spine pain which was described as constant, sharp and stabbing that migrated to her neck, back and shoulders, into both arms with associated headaches and dizziness. Physical exam findings include decreased range of motion in the cervical spine with tenderness upon palpation, and spasms along the bilateral spinous process, paravertebral muscle and upper trapezius muscle. The diagnostic impression is thoracic and cervical spine myoligamentous injury and post concussive syndrome. The treatment to date includes physical therapy, medication management and chiropractic therapy. A UR decision dated 2/10/14 denied the request for Imitrex. FDA guidelines state that Imitrex tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Although the patient has had headaches secondary to a neck injury, there was no documentation that the patient suffers from migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMITREX TAB 9S RAPID RELEASE TABLET (RRT), 50MG AS NEEDED FOR HEADACHE, #18 WITH REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Sumatriptan).

Decision rationale: California MTUS and ODG do not address this issue. The FDA states that Sumatriptan (Imitrex) tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. The patient complains of headaches and dizziness related to the lumbar and cervical pain. There was no documentation of migraine headaches. In addition, there was no documentation as to the effectiveness with the use of Imitrex for her headaches associated with her neck pain. Therefore, the request for Imitrex tab #9 rapid release tablet (RRT), 50mg as needed for headache #18 with refill, was not medically necessary.