MAXIMUS Federal Services

Case Number:	CM14-0029072		
Date Assigned:	06/16/2014	Date of Injury:	04/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 and is licensed to practice in Texas and 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 52 year old male who reported an injury on 04/07/2003. Mechanism of injury is unknown. The injured worker complained of bilateral low back pain, left scapular, left thoracic back pain and left knee pain. Physical examination revealed that lumbar and left knee ranges of motion were restricted by pain in all directions. Lumbar extension was more painful than lumbar flexion. There was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L2-S1 facet joints. Lumbar facet joint and left knee proactive maneuvers were positive. There was tenderness upon palpation of the left knee joint lines. There was positive crepitus and clicking of the left knee. There was medial joint line tenderness. Nerve root tension signs were negative bilateral. Muscle strength was 5/5 in all limbs bilaterally. The injured worker has diagnoses of status post positive diagnostic bilateral L3-4 and bilateral L4-5 lumbar facet joint radiofrequency nerve ablation, bilateral lumbar facet joint pain at L3-4 and L4-5, bilateral facet joint pain at L5-S1, bilateral lumbar facet joint arthropathy at L3-4, L4-5, L5-S1, lumbar disc protrusion, lumbar sprain/ strain, left thoracic sprain/strain, status post total knee replacement, left knee internal derangement and status post left knee surgeries. Medications to include Soma 350mg every 6 hours PRN, Voltaren 1% gel 4 times a day, Medical marijuana, Flector patch, Senokot-S 2-4 tablets every 12 hours PRN, Ambien CR 12.5mg PRN, Imitrex 100mg and Norco 10/325mg 2 tablets every 6 hours PRN. The treatment plan is for sumatriptan (Imitrex) 100 mg one tab p.o. PM headaches #9 with on refill. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN (IMITREX) 100 MG 1 TAB P.O. PM HEADACHES #9 WITH 1 REFILL: 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 Official Disability Guidelines (ODG) Head, Triptans (Sumatriptan).

Decision rationale: The injured worker complained of bilateral low back pain, left scapular, left thoracic back pain and left knee pain. There was no mention of migraine headaches as a diagnosis on the report submitted. The injured worker had no complaints of headaches or migraines. The request is for a migraine medication, no evidence as to why the injured worker would need sumatriptan. The Official Disability Guidelines (ODG) guidelines recommend sumatriptan 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. As such, the request for sumatriptan (Imitrex) 100 mg one tab p.o. PM headaches #9 with on refill is not medically necessary and appropriate.