

<b>Case Number:</b>	CM14-0029742		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, anxiety, depression, low back pain, neck pain, carpal tunnel syndrome, and headaches reportedly associated with cumulative trauma at work first claimed on April 11, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; opioid agents; and proton pump inhibitors. In a utilization review report dated February 24, 2014, the claims administrator approved a request for Motrin, approved a request for Neurontin, and denied a request for nine tablets of Imitrex. Imitrex was denied citing non-MTUS ODG Guidelines. The request for Imitrex was apparently denied on the grounds that the applicant did not have clear evidence of migraine headaches, either on the records or on teleconference with the attending provider. The applicant's attorney subsequently appealed. A September 19, 2013 progress note was notable for comments that the applicant did report 5 to 7/10 pain complaints. The applicant was also reporting heightened complaints of heartburn, it was stated at that point in time. The applicant's stated diagnoses at that point in time included bilateral upper extremity pain secondary to cumulative trauma, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, status post right carpal tunnel release surgery, status post right ulnar nerve decompression release surgery, thoracic outlet syndrome, neck pain, occipital headaches, midback pain, and low back pain. The applicant was given prescription for Norco, baclofen, Neurontin, and Prilosec, it was stated. On November 7, 2013, the applicant was again placed off of work, on total temporary disability. Baclofen, Norco, Neurontin, Prilosec, Motrin, and Imitrex were apparently refilled. The applicant was described as experiencing multifocal pain complaints, it was suggested, including headaches. On December 19, 2013, the applicant was again placed off of work, on total temporary disability. The applicant's medication list, at

that point, included Norco, baclofen, Neurontin, Imitrex, Motrin, Naprosyn, and Prilosec. On this occasion, it was stated that the applicant had a history of migraine headaches. The attending provider did state that the applicant was receiving 65% relief from his current set of medications. On January 30, 2014, it was again stated that the applicant was receiving 65% pain relief from his current medication regimen. Nevertheless, the applicant was placed off of work, on total temporary disability. There was no specific discussion of how or if Imitrex was useful, although the attending provider did again cite the applicant's history of migraine headaches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NINE (9) TABLETS OF IMITREX 50 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition, Chapter: Head, Triptans.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines MTUS 9792.20F Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Imitrex Medication Guide.

**Decision rationale:** The MTUS does not specifically address indications for Imitrex, but does note, on page 7 of MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the MTUS-adopted ACOEM Guidelines in Chapter 3 that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, while the Food and Drug Administration (FDA) does acknowledge that Imitrex is indicated in the treatment of acute attacks of migraine headaches, in this case, however, the attending provider has not recounted the presence of any recent acute attacks of migraine headaches on any recent progress notes. The attending provider has not, moreover, incorporated any specific discussion of medication efficacy insofar as Imitrex is concerned. The attending provider's notes, rather, are highly templated, mingle old complaints with current complaints, and do not detail the applicant's ongoing response to continued usage of Imitrex. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on a variety of other medications, including Norco, baclofen, Neurontin, Motrin, Naprosyn, etc., moreover, argues against any lasting benefit or functional improvement achieved through ongoing Imitrex usage as defined by the parameters established in section 9792.20f. Therefore, the request is not medically necessary.