

Case Number:	CM14-0031474		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2012
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 injured worker is a 40-year-old female who was reportedly injured on July 29, 2012. The mechanism of injury was noted as walking into a freezer and slipping on the floor. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of neck pain and back pain. Current medications were stated to include Naprosyn and Famotidine. The physical examination demonstrated tenderness in the mid to lower cervical spine with muscular guarding. There was mild generalized hypesthesia of the left upper extremity including the fingers, and examination of the lumbar spine noted tenderness from L3 to the sacrum also with muscular guarding. There was hypesthesia of the entire dorsum of the left foot and left leg and on the lateral and medial aspect thumb. There were diagnoses of gastritis and obesity. Diagnostic imaging studies objectified narrowing of the disc spaces in the cervical spine at C4-C5 and C5-C6, as well as loss of disc height in the lumbar spine at L3-L4, L4-L5 and L5-S1. Prior electrodiagnostic studies of the upper extremities were found to be normal. There were also diagnoses of cervical spondylosis and degenerative disc disease of the lumbar spine. Previous treatment included a home exercise program with stretching. A request had been made for Imitrex and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50 PRN pain #27: Upheld

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

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:<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=44405>.

Decision rationale: Imitrex is a triptan medication indicated for the treatment of migraine headaches. While the injured employee complains of cervical spine pain, there is no complaint of headaches, specifically migraine headaches in the recent medical records reviewed. Therefore, it is unclear why there is a request for Imitrex. This request for Imitrex is not medically necessary.