

Case Number:	CM14-0031668		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2012
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old female who was injured on 11/18/12 after falling backwards on her chair, and later had pain in the elbow, wrist, neck, back, shoulders as well as headaches. She was first seen and treated on 11/23/12. She was diagnosed with left wrist sprain/strain, cervical sprain/strain, lumbar spine strain/sprain, left elbow sprain/strain, and cephalgia. She was treated with spinal manipulation, physiotherapy, exercises, oral medications including Norco and Naproxyn. She was seen by her treating primary treating physician on 1/9/13 complaining of continued neck, left wrist, left elbow, left shoulder, and lumbar pain. She was prescribed naproxen, cyclobenzaprine, sumatriptan, ondansetron, omeprazole, and Medrox ointment on the same day. The sumatriptan was recommended as the worker, in the judgement of her physician, had "chronic cervical spine pain associated with headaches that are migrainous in nature". The Ondansetron was given to the worker due to her complaining of nausea associated with her headaches and cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate tablets 25 mg #9 x 2: 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 Official Disability Guidelines (ODG), Head section, Triptans.

Decision rationale: The MTUS is silent on triptan category medications for migraines. The ODG recommends triptans for migraine sufferers as they are well tolerated and effective. In the case of this worker, the treating physician recommended sumatriptan for her headaches, but no documentation (subjective or objective) would lead the reviewer to agree with the diagnosis of migraine, as her muscle strain was the primary injury and the likely cause of her headaches. Therefore the sumatriptan is not medically necessary.