

Case Number:	CM14-0038293		
Date Assigned:	06/25/2014	Date of Injury:	12/02/2013
Decision Date:	08/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53-year-old male who reported an injury on 12/02/2013. The mechanism of injury reportedly occurred when the container in his truck lost its balance and rolled over to its side. The diagnoses included insomnia and headache. Prior therapies included physical therapy and medications. Per the 02/07/2014 consultation, the injured worker reported bilateral temporal headaches and occipital region headache with photophobia, but denied blurred vision, dizziness, or syncope. His medications included Tylenol as needed. The injured worker was prescribed Imitrex 50 mg as needed for headache. The provider noted his headaches were most likely due to the injured worker's pain brought on by his injuries. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #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 Treatment Workers Compensation Head Procedure summary.

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.

Decision rationale: The request for Imitrex 50 mg #27 is not medically necessary and appropriate. The Official Disability Guidelines state Imitrex (Sumatriptan) is a synthetic drug belonging to the triptan class, used for the treatment of migraine headaches. At marketed doses, all oral triptans are effective and well-tolerated. A poor response to 1 triptan does not predict a poor response to other agents in that class. The medical records provided indicate the injured worker was experiencing bilateral temporal occipital headaches. The injured worker denied blurred vision, dizziness, or syncope. The guidelines state triptans are only recommended for migraine sufferers. There is no indication the injured worker was experiencing migraine headaches to warrant the use of Imitrex. Based on this information, the request is not supported. As such, the request for Imitrex 50 mg #27 is not medically necessary.