

Case Number:	CM14-0054801		
Date Assigned:	07/07/2014	Date of Injury:	04/07/2003
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 51-year-old male was reportedly injured on April 7, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated October 25, 2013, indicated that there were ongoing complaints of low back and left knee pain. The physical examination demonstrated a male to be hypertensive (134/95) and in no acute distress. The lumbar spine had limited range of motion. There was tenderness to palpation in the lumbar spine and over the lumbar facet joints. The medial joint line of the left knee was also noted to be tender to palpation. The nerve tension signs are negative bilaterally. Motor strength was reported as 5/5. The diagnostic imaging studies objectified multiple level degenerative changes in the lumbar spine. The previous treatment included multiple medications, total knee replacement surgery and postoperative rehabilitation. A request was made for topical preparations and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100mg p.o. q.h.s: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter ,updated July 2014.

Decision rationale: This medication is used to address headaches. There is no clinical indication of this malady being present, nor is there any indication of any previous success with the utilization of this medication. As such, the medical necessity has not been established. As such, the request is not medically necessary.