

<b>Case Number:</b>	CM14-0064075		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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:

This is a 40-year-old female with a 7/29/12 date of injury. The mechanism of injury was when she was walking into the freezer, she slipped and fell, landing on her buttocks in the sitting position. According to a progress report dated 4/21/14, Objective findings: no abnormal findings: Diagnostic impression: gastritis, obesity. According to a 5/14/14 progress report, the patient complained of intermittent moderate pain of her cervical spine. She had headaches associated with her neck pain. She additionally had radiation of pain to both upper extremities with numbness, tingling, and paresthias. She also had constant moderately severe pain of her lumbosacral spine. The pain was aggravated by twisting, turning, and bending activities. Associated with the pain of her back, she had radiation of pain down the posterolateral aspect of both lower extremities but much more on the left than on the right. Objective findings: spinous process tenderness of the mid to lower cervical spine. Slight-to-moderate paraspinal muscle guarding and tenderness, moderate trapezius spasm and tenderness bilateral, mild generalized hypesthesia of the left upper extremity, spinous process tenderness from approximately L3 to the sacrum, moderate paraspinal muscle guarding and tenderness, hypesthesia of the entire dorsum of the left foot and left leg both laterally and medially. Diagnostic impression: cervical spondylosis at C4-5 and C5-6 with radicular symptomatology, left upper extremity; degenerative disc disease with associated facet arthropathy at L3-4, L4-5, and L5-S1 with radiculopathy to the left lower extremity greater than right. Treatment to date: medication management, activity modification, chiropractic care, physical therapy. A UR decision dated 4/19/14 denied the request for Imitrex. The patient has headaches, but there is no documentation that she has migraines to qualify for this drug, or that she failed to address her headaches with acetaminophen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue use of Imitrex 50 as needed for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter (Official Disability Guidelines).

**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: FDA (Sumatriptan).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. According to the reports reviewed, the patient has headaches associated with her neck pain. However, there is no documentation that she suffers from migraines, and she does not have a diagnosis of migraine headaches. Therefore, the request for Continue use of Imitrex 50 as needed for Cervical and Lumbar Spine is not medically necessary.