

Case Number:	CM14-0066100		
Date Assigned:	07/11/2014	Date of Injury:	01/25/2007
Decision Date:	09/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38 year old male who sustained an injury on 01/25/07. The mechanism of injury is undisclosed. The injured worker has been followed for ongoing complaints of chronic neck pain radiating to the upper extremities, worse to the left side as well as low back pain radiating to the left lower extremity. The injured worker has also been followed for cervicogenic headaches due to pathology at C2 to C3 which was being controlled with Triptans. Assessment of opioid dependency with compliant use of medications was documented. Prior treatment has included epidural steroid injections. Medications have included multiple narcotics as well as muscle relaxers and abortive Triptans for cervicogenic headaches. A progress note dated 04/14/14 noted a visit with pain management noted withdrawal symptoms due to the lack of availability of narcotics, poor sleep, and had difficulty working. Authorization for surgical intervention is still pending. At this evaluation, the injured worker was utilizing Baclofen, Celebrex, Lazanda, Methadone, Oxycontin, Roxycodone, Zomig, and Lunesta. The injured worker continued to describe severe headaches from cervicogenic pain. Medications to include Zomig were continued at this evaluation. The requested Zomig, quantity twelve per month was denied by utilization review on 04/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig #12/month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 3/28/14), 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 Chapter, Triptans.

Decision rationale: As noted in the Official Disability Guidelines (ODG), current evidence based guidelines there is a risk for rebound headaches with the extensive use of Triptans. The injured worker has been followed for cervicogenic headaches which were being managed by the use of Zomig. Zomig is a Triptan which can be utilized in the management of migraine headaches. The injured worker's cervicogenic headaches were described as being controlled by Zomig; however, it is unclear at what frequency cervicogenic headaches occurred on a monthly basis. Without evidence that the injured worker's frequency of headaches had not substantially increased in frequency, as well as the lack of documentation regarding specific functional benefits obtained with the use of this medication, this request is not medically necessary.