

Case Number:	CM14-0069294		
Date Assigned:	07/14/2014	Date of Injury:	07/13/2001
Decision Date:	08/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 54-year-old female who reported an injury on 07/13/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 04/18/2014 indicated diagnoses of cervical spondylosis without myelopathy, interstitial myositis, headache, unspecified myalgia and myositis, lumbago, brachial neuritis or radiculitis, displacement cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, cervicgia, unspecified drug dependence, postlaminectomy syndrome cervical region, asthma, esophageal reflux, and other acute reactions to stress. The injured worker reported chronic severe neck pain, bilateral upper extremities painful radiculopathy due to failed neck surgery syndrome, and spondylosis. The injured worker was status post cervical spinal cord stimulator implantation. The injured worker also utilized her medication, but reported it had greatly been reduced over the last year to a tolerable frequency. The injured worker's pain level was 10/10 without medications and 4- 5/10 with medications. The injured worker reported the medications kept her functional allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were reported associated with her medications. On physical examination, the injured worker had tenderness to the C4-5 paraspinal muscles. The injured worker's range of motion was decreased. The injured worker had tenderness upon palpation to the thoracic T5-6. The injured worker had decreased left upper extremity strength and decreased left C7 sensation to pin and light touch. The injured worker's prior treatments included diagnostic imaging, surgery, home exercises, and medication management. The injured worker's medication regimen included Omeprazole, Zofran, Zomig, Oxycodone, and OxyContin. The provider submitted a request for Zomig. A request for authorization dated 04/22/2014 was submitted for Zomig for migraine and cervicogenic versus neurogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg #30 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Page(s): 69, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, 12th Edition (web), 2014, Head --Migraine pharmaceutical treatment, Triptans; Neck and Upper Back-Computed tomography (CT), Zofran package insert, web, (<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=12293>).

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 Zomig 5 mg #30 x 3 is not medically necessary. The ODG recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. The differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for migraines or headaches. In addition, there is a lack of documentation of efficacy and functional improvement with the use of the Zomig. Moreover, the request does not indicate a frequency. Therefore, the request for Zomig is not medically necessary.