

Case Number:	CM14-0076004		
Date Assigned:	07/21/2014	Date of Injury:	04/07/2003
Decision Date:	10/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This patient sustained an injury on 4/7/03 while employed by [REDACTED], Inc. Request(s) under consideration include Sumatriptan 100mg. Diagnoses include Lumbar facet pain s/p RFA L3-4, L4-5; lumbar disc disorder and strain; and left knee strain/sprain s/p TKR. Report of 4/17/14 from the provider noted the patient with chronic ongoing low back, left scapula, left thoracic and left knee pain. Medications list Soma, Sumatriptan, Alprazolam, Imitrex, Voltaren gel, and Norco. Exam showed tenderness at lumbar paraspinals over bilateral L2-S1 facets; decreased lumbar and left knee range of motion; tender left knee medial joint line; positive lumbar facet and provocative knee maneuvers; symmetric reflexes, left knee crepitus; and 5/5 motor strength in all limbs. The request(s) for Sumatriptan 100mg was non-certified on 4/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100mg: 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)

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, page 221

Decision rationale: Sumatriptan Succinate (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated symptom complaints, clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The request for Sumatriptan 100mg is not medically necessary.