

<b>Case Number:</b>	CM14-0080950		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/29/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 New York. 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 48 year old male presenting with a history of a work related accident that occurred on 08/29/2006. He reports persistent neck pain and lower back pain since that time. He was diagnosed with chronic cervical and lumbar radiculopathy. On physical examination, decreased sensation was noted in the right L5-S1 dermatomes. There was no documentation of persistent headaches. His treating physician is requesting Sumatriptan tablets 100 MG #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Sumatriptan Tablets 100 MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medmerits.com/index.php/article/sumatriptan/P3>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Triptans.

**Decision rationale:** Sumatriptan is a drug that belongs to the triptan class and is used to treat migraine headaches. There was no documentation of persistent migraines in this injured worker. The Official Disability Guidelines state that Sumatriptan is indicated for the treatment of

migraine headaches. Neither of these conditions is documented to be present in this injured worker. In addition, the injured worker is presenting with chronic cervical and lumbar radiculopathy as his primary pain generators, which are not conditions that would be treated with Sumatriptan. Therefore, the requested Sumatriptan tablets 100 MG #30 is not medically necessary.