

Case Number:	CM14-0097714		
Date Assigned:	07/28/2014	Date of Injury:	05/13/2009
Decision Date:	12/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 05/13/2009. According to progress report 06/25/2014, this patient presents with chronic neck pain. She also complains of severe headaches. Examination revealed tenderness present in the cervical paraspinal regions bilaterally and radiation of pain at the C1-C2, C2-C3, and C3-C4 level. Spurling's test is positive on the right for the neck only. Examination of the lumbar spine revealed tenderness in the bilateral lumbar paravertebral regions and restrictive range of motion. The listed diagnoses are: 1. Lumbosacral spondylosis without myelopathy. 2. Spasm, muscle. 3. Degenerative disk disease, cervical. 4. Spondylosis, cervical. This is a request for Imitrex 50 mg daily #90. Utilization review denied the request on 08/18/2014. Treatment reports from 01/03/2014 through 06/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg daily #90: 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) -Imitrex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) triptans under its pain chapter

Decision rationale: This patient presents with neck, low back, and complaints of severe headache. The physician is requesting Imitrex 50 mg daily #90. The MTUS and ACOEM Guidelines do not discuss Imitrex. However, the ODG Guidelines has the following regarding triptans under its pain chapter, "Recommended for migraine sufferers. At marketed doses, all oral triptans, for example, for example, sumatriptan (Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinical relevant for individual patients." According to progress report 01/03/2014, the patient suffers from continued migraine headaches and taking Ketorolac 10 mg daily for the migraines. On 03/31/2014, the treating physician added Imitrex 50 mg to patient's medication regimen. Progress report 04/29/2014 indicates the patient is dispensed Ketorolac along with Imitrex. The physician states, "She uses the Ketorolac primarily for her migraine headaches." There is no further discussion of either medication. On 05/28/2014, patient was given a refill of both medications with no discussion of migraines or efficacy of Imitrex. Progress report 06/25/2014 states that the patient has "severe headaches." The patient was given refill of long list of pain medications as well as Ketorolac and Imitrex. In this case, the physician has stated in his report back in 01/03/2014 that the patient suffers from migraines. However, subsequent reports do not discuss this. The most recent progress report from 06/25/2014 states that the patient complains of "headaches." Imitrex is indicated for patients that suffer from migraines. This diagnosis is not provided, and it is not apparent based on any recent reports. Furthermore, the physician provides no discussion regarding this medication's efficacy. The MTUS page 60 requires recording of documentation of pain assessment, functional changes when medications are used for chronic pain. The request is not medically necessary.