

Case Number:	CM14-0160456		
Date Assigned:	10/06/2014	Date of Injury:	06/23/1993
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 6/23/1993. No mechanism of injury was provided for review. Patient has a diagnosis of migraine variant, spasms of muscles and cervical syndrome. Medical reports reviewed. Last report available until 7/16/14. Request dates from progress note on 7/16/14. Patient complains of being in the middle of migraine during that visit. Complains of neck pain exacerbating "migraine". TENS reportedly helped neck pains but it broke. Reportedly tapered off fentanyl and uses Norco intermittently. Sumatriptan is claimed to be the only medication that helps with headaches once it starts. No objective physical exam only documents "normal" mood and memory, normal motor exam. Prior visits throughout 2014 show that the patient has been on Sumatriptan chronically. No imaging or electrodiagnostic reports were provided for review. Current medications include Baclofen, Norco and Sumatriptan. Independent Medical Review is for Sumatriptan Succinate 50mg #36. Prior UR on 9/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription request for Sumatriptan Succinate 50mg #36: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Head Procedure Summary updated 08/11/2014

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: Sumatriptan is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines (ODG) is recommended for migraines. There is concern about the documentation. There is no appropriate documentation of the characteristics of the headache that is consistent with migraines. There is no appropriate documentation of physical exam or prior workup or screening to rule out other potential life threatening pathology or other causes for headaches. The provider document that patient has cervical headaches. Patient has also been chronically on Sumatriptan with no documentation of frequency of use or effectiveness of this medication. There is only generic statement about effectiveness about medication for pain. Patient has chronic headaches. Documentation fails to support continued use of Sumatriptan. Sumatriptan therefore, is not medically necessary.