

<b>Case Number:</b>	CM14-0193289		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 patient is a 38-year old male with date of injury 1/25/07. The treating physician report dated 10/6/14 (48) indicates that the patient presents with pain affecting his low back region, with pain and numbness/tingling radiating into his left lower extremity, down to his left foot. Low back pain in addition to persistent headaches. The physical examination findings reveal the patient suffers from migraine headaches that the patient states are a "level 10" on the pain scale. Prior treatment history includes left knee arthroscopy and right hand repair. MRI findings reveal herniated discs and tears in the cervical spine. The patient is taking OxyContin 80 mg, Celebrex and using nasal spray for headaches. The current diagnoses are: - Cervical Gia- Brachial Neuritis/Radiculitis NOS- Lumbago. The utilization review report dated 10/21/14 denied the request for Zomig (Zolmitriptan) 5mg/spray #12; 1 spray as directed based on ODG (7).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zomig (Zolmitriptan) 5mg/spray #12; 1 spray as directed:** 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) Head, Triptans.

**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 patient presents with neck pain with left arm pain, occipital headache, and low back pain with left leg pain. The current request is for "Zomig (Zolmitriptan) 5 mg spray quantity #12, 1 spray as directed." The treating physician report dated 9/15/14 states, "his headaches have gotten worse and are occurring daily". The patient has been using Zomig since at least 8/21/14. CA MTUS does not address Zomig (Zolmitriptan). ODG state Triptans are recommended for migraine sufferers. Zomig (Zolmitriptan) 5mg/spray #12; 1 spray as directed, is a triptan which is recommended for migraine sufferers. In this case the treating physician documents that the patient is suffering from headaches and has a diagnosis of migraine headache. Review of the documents provided do not discuss the patient's response to medication as required on page 60 of MTUS which states, "A record of pain and function with the medication should be recorded. There is no way to tell if this medication is doing anything for the patient and the current request is not medically necessary.