

Case Number:	CM14-0201533		
Date Assigned:	12/11/2014	Date of Injury:	10/25/2012
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 50 year-old female with a 10/25/2012 date of injury. The patient worked at [REDACTED] and a display fell and hit her head and back on 10/25/12. Four medical reports are reviewed from 5/5/14 through 10/13/14. The 10/13/14 handwritten internal medicine report shows the patient complaints of migraine headaches brought on by pain from the injury, high blood pressure from pain from the injury and GI issues from pain from the injury. The patient's blood pressure is listed at 165/101 and weight is 230 lbs. There is an attachment RFA on the 10/13/14 report for Imitrex 50 mg prn, #18 "retro". There is no documentation of efficacy of Imitrex in the medical reports provided for is review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Supplies Phys/QHP Retro: Imitrex 50 #18 10/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC guidelines, Head chapter for Imitrex.

Decision rationale: The patient is a 50 year-old female with a 10/25/2012 date of injury. The patient worked at [REDACTED] and a display fell and hit her head and back on 10/25/12. The 10/13/14 handwritten internal medicine report shows the patient complaints of migraine headaches brought on by pain from the injury, high blood pressure from pain from the injury and GI issues from pain from the injury. There is an attachment RFA on the 10/13/14 report for Imitrex 50 mg prn, #18 "retro". This request is for special supplies phys/qhp retro: imitrex 50 #18 10/13/2014. The MTUS Chronic Pain Medical Treatment Guidelines and ACOEM did not specifically discuss Imitrex. ODG-TWC guidelines, Head chapter online discusses Imitrex under Triptans and states: Recommended for migraine sufferers. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The 10/13/14 report shows a retrospective request for Imitrex 50mg, #18, but there is no reporting on efficacy. The documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Imitrex. MTUS does not recommend continuing treatment if there is not a satisfactory response. Based on the provided information, the request does not meet the MTUS requirements for pain outcomes and endpoints. The request for Special Supplies Phys/QHP Retro: Imitrex 50 #18 10/13/2014 is not medically necessary.