

<b>Case Number:</b>	CM14-0213998		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 66 year old female who sustained an industrial injury on 05/21/99. Initial complaints and diagnoses are not available. Treatments to date include medications and shoulder surgery. Diagnostic studies are not addressed. Current complaints include x-rays, cervical discogram, nerve conduction studies, and cervical and right shoulder MRIs. Current diagnoses include cervical spinal stenosis with radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, right shoulder internal derangement, and reactionary depression/anxiety. In a progress noted dated 11/21/14 the treating provider reports the plan of care as a trial of intrathecal morphine, medications including Anaprox, Prilosec, Prozac, Doral, Imitrex, MS Contin, Norco, Wellbutrin, and Neurontin. Also requested was a home health evaluation. Trigger point injections were administered on the day of service. The requested treatment is Imitrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 100 mg # 9:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 67-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment; Head Chapter, Migraine pharmaceutical treatment.

**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:** MTUS and ACOEM are silent with regards to sumatriptan (Imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "Recommended for migraine sufferers." The records presented for review indicate the prescription of sumatriptan was for the treatment of migraines and the patient gets pain relief from Imitrex. As such, the request for Imitrex 100 mg #9 is medically necessary.