

Case Number:	CM14-0092216		
Date Assigned:	03/09/2015	Date of Injury:	02/02/2005
Decision Date:	04/17/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 67 year old female, who sustained an industrial injury, February 2, 2005, According to progress note of May 20, 2014 the injured workers chief complaint was neck pain radiating into the upper extremities with pain, paresthesia, numbness muscle, tension, causing headaches, dizziness and nausea. The physical exam noted spasms, tenderness and guarding in the paravertebral musculatures of the cervical spine with loss of range of motion. There was decreased sensation in the bilateral L5 and S1 dermatomes. Lumbar spine shows spasms, tenderness and guarding in the paravertebral musculatures as well. The shoulders show mild impingement and Hawken's signs with range of motion on flexion and abduction to approximately 120 degrees. Medications provided pain relief, which improved functional improvement. The Norflex helped with muscle tension and headaches. The injured worker was diagnosed with superior glenoid labrum lesion, shoulder region disorders, sprains, and strains of shoulder and upper arm. The injured worker previously received the following treatments pain medication and muscle relaxants. On May 20, 2014, the primary treating physician requested authorization for prescriptions for Ultram ER 100mg tablets day supply; 30 #60 no refills, Imitrex 25mg tablet day supply 45 quantity 27 with no refills and Norflex CR 100mg tablet day supply 50 quantity 100 no refills. On June 5, 2014, the Utilization Review denied authorization for prescriptions for Ultram ER 100mg tablets day supply; 30 #60 no refills, Imitrex 25mg tablet day supply 45 quantity 27 with no refills and Norflex CR 100mg tablet day supply 50 quantity 100 no refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 25mg #27: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Imitrex.

Decision rationale: The 6/05/14 Utilization Review letter states the Imitrex 25 mg #27 requested on the 5/20/14 medical report was denied because there was no mention of headaches. The 5/20/14 report states the patient has neck pain with numbness, muscle tension causing headaches, dizziness and nausea. Norflex was added to address the complaints of muscle tension and headache. The 6/17/14 report states the patient complains of headache due to muscle tension. MTUS/ACOEM does not discuss Imitrex so ODG guidelines were consulted. ODG-TWC guidelines, Head chapter for Imitrex refers readers to the section on Triptans, which state: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated." In this case, the patient is reported to have muscle tension headaches. There is no history of migraine headaches. No history of cluster headaches or vascular headaches that may respond to Imitrex. There was no reporting of efficacy with Imitrex. The request for Imitrex for treatment of tension headaches is not in accordance with ODG guidelines. The request for Imitrex 25 mg #27 is not medically necessary.