

Case Number:	CM15-0005706		
Date Assigned:	01/20/2015	Date of Injury:	02/04/2013
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury February 4, 2013. The injured workers chief complaint was of headaches and requesting further injections. The injured worker hit the top of the head. The injured worker was diagnosed with brain injury, post-concussion syndrome and post-traumatic headaches and mild aphasia, dysphonia and dysphagia. The injured worker's treatments consisted of pain medication, MRI and CT of the brain, physical therapy, speech therapy, botox injections for post-traumatic headaches, several medications have been tried with little relief from the headaches. The primary treating physician requested a prescription for Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succ 100mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head pain/ Migraines and Triptans

Decision rationale: According to the ODG guidelines, triptans such as Sumatriptan is are used for migraines and are a recommended class of medication. In this case, the claimant had also been receiving Botox injections for migraines which were recertly providing 60-70% pain relief. He had been on numerous medications for Migraines including beta-blockers, anti-depressants and anti-epileptics. Direct benefit from Sumatriptan cannot be determined and is likely to contribute in a small amount since Botox provides the majority of the relief. The continued use of Sumatriptan is not medically necessary.