

Case Number:	CM15-0009316		
Date Assigned:	01/27/2015	Date of Injury:	09/27/1995
Decision Date:	03/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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 is a 61 year old male with an industrial injury dated September 27, 1995. The injured worker's diagnoses include moderate bilateral greater occipital neuralgia, occipital neuralgia, and unspecified hearing loss. He has been treated with prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/24/14, the injured worker reported facial pain, headache, and hearing loss. Documentation noted that the injured worker presented for reevaluation and refills on medication. Physical exam revealed tenderness along the bilateral occiput with a positive Tinel's sign over the bilateral greater occipital nerve and moderately positive over the bilateral lesser occipital nerve. The injured worker reported significant pain relief and less tension from Imitrex. The treating physician prescribed Imitrex 100mg QTY: 30.00. Utilization Review (UR) determination on January 12, 2015 denied the request for Imitrex 100mg QTY: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg QTY: 30.00: 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 Triptans

Decision rationale: According to the ODG guidelines, Triptans are recommended for migraines. The claimants pain were due to occipital neuralgia rather than migraines. There is no indication of a type of migraine or exacerbating or relieving factors. He had been on Neurontin, Nortryptilline and Seroquel for symptoms as well. Pain relief attributed to Seroquel is not mentioned. The use of Sumatriptan is not medically necessary.