

Case Number:	CM15-0103463		
Date Assigned:	06/08/2015	Date of Injury:	08/29/2009
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic shoulder pain and alleged myofascial pain syndrome reportedly associated with an industrial injury of August 28, 2009. In a Utilization Review report dated May 7, 2015, the claims administrator approved a follow-up visit while denying a request for sumatriptan (Imitrex). The claims administrator referenced an April 21, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was using Restoril, Lopressor, Zestril, Talwin, Imitrex and Naprosyn, it was reported. The attending provider maintained that the applicant was stable on the current medication regimen. A 25-30 pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant was given an operating diagnosis of shoulder impingement syndrome. The applicant's past medical history was noted for pancreatitis. There was no mention of the applicant's having issues with migraine headaches. It was not clearly stated for what issue, purpose, and/or diagnosis for which Imitrex was being employed. On February 4, 2015, the applicant received refills of Naprosyn and Imitrex. The same, 25- to 30-pound lifting limitation was endorsed. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place. There was no mention of the applicant was having issues with migraine headaches either in the body of the report, the diagnosis section of the same, or in the past medical history section of the report. An earlier progress note of December 15, 2014 likewise focused on the discussion of the applicant's shoulder pain complaints. Once again, there was no mention of the

applicant's having issues with migraine headaches either in the body of the note, in the past medical history section of the same, or in the diagnosis section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), head (trauma, headaches, not including stress and mental disorders).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration 173 INDICATIONS AND USAGE 174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without 175 aura in adults.

Decision rationale: No, request for sumatriptan (Imitrex) was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. At this point, however, on multiple progress notes, referenced above, in late 2014 and in early to mid 2015 made no mention of for what issue, purpose, diagnosis, and/or symptoms sumatriptan (Imitrex) has been employed. It was not clearly stated whether or not sumatriptan (Imitrex) was or was not effective for whatever purpose it was being employed for. While Food and Drug Administration (FDA) notes that Imitrex is indicated in the treatment of acute migraine headaches, here, however, there was no mention of the applicant's having issues with acute migraine attacks on any of the progress notes, referenced above. Therefore, the request was not medically necessary.