

Case Number:	CM15-0106066		
Date Assigned:	06/10/2015	Date of Injury:	02/16/2011
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 is a 42 year old male, who sustained an industrial injury on 2/16/2011. Diagnoses include status post lumbar surgery (10/2013), lumbar disc disease, lumbar radiculopathy and history NSAIDs induced gastritis. Treatment to date has included medications including Naproxen, Omeprazole and Sumatriptan, surgical intervention (2013 lumbar surgery) and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5/07/2015, the injured worker reported worsening lower back pain with left lower extremity tingling and numbness rated as 8/10 causing headache which lasts 2 days then off for 2 months. Pain is increased with activities of daily living, prolonged sitting/standing and in cold weather. Physical examination revealed tenderness to palpation over lumbar. Surgical intervention was recommended in the form of L5-S1 anterior interbody fusion. The plan of care at this time included continuation of home exercise program and heat therapy and refill of medications and authorization was requested for Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web, Head section AHRQ National Guideline Clearinghouse <http://www.guideline.gov/content.aspx?id=47060&search=criteria+for+migraine>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Triptans, page 221.

Decision rationale: Sumatriptan Succinated (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The Sumatriptan 50mg #9 is not medically necessary and appropriate.

Sumatriptan 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web, Head section AHRQ National Guideline Clearinghouse <http://www.guideline.gov/content.aspx?id=47060&search=criteria+for+migraine>.

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