

Case Number:	CM15-0108823		
Date Assigned:	06/15/2015	Date of Injury:	04/19/2004
Decision Date:	07/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 50 year old female who sustained an industrial injury on 04/19/2004. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having brachial neuritis or radiculitis not otherwise specified; major depressive affective disorder single episode mild; cervicalgia; carpal tunnel syndrome; degeneration of cervical intervertebral disc without myelopathy; other constipation; cervical spondylosis without myelopathy; major depressive disorder single episode severe without Psychotic behavior; postsurgical arthrodesis status; spinal stenosis in cervical region. Treatment to date has included cervical fusion, carpal tunnel release x2 on the left and x1 on the right, and opioid pain medications and treatment with a pain specialist. She also has had physical therapy. In the examination by the pain care physician (04/19/2015), the worker complains of headaches that have improved by 50% after the cervical fusion surgery 06/27/2014. According to the physician, she continues to have headaches and Sumatriptan is effective in managing those headaches. The worker is also on Flexeril, Percocet, and topical medications for her pain relief. She also uses a transcutaneous electrical nerve stimulation (TENS) unit for additional pain relief. The plan of care of the pain management is to continue Duexis and Lidoderm patches, and refill Percocet, Flexeril, and Sumatriptan. A request for authorization was made for Sumatriptan 20mg #6 nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 20 mg #6 nasal spray: 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 Chapter, Tryptans Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Tryptans.

Decision rationale: Pursuant to the Official Disability Guidelines, Sumatriptan 20 mg #6 nasal spray is not medically necessary. Tryptans are recommended for migraine sufferers. All oral Tryptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one Tryptans does not predict a poor response to other agents in that class. In this case, the injured worker's working diagnoses are status post cervical fusion; bilateral carpal tunnel syndrome; status post carpal, release times 2 on the left and one on the right; depression associated with chronic pain; migraine headaches; and opiate induced constipation. Documentation from a psychiatric agreed upon medical examination (AME) shows the injured worker was prescribed Sumatriptan 100 mg on November 19, 2012. This is the earliest progress note and not necessarily the start date. There is no clear-cut discussion as to the means with which migraine headaches (a diagnosis only) was established. The injured worker takes Percocet 7.5 mg/325 mg and uses a TENS unit. The most recent progress note dated May 27, 2015 contains a request for Sumatriptan 20 mg one spray in nostril daily as needed for headache. There is no clinical rationale for using the nasal spray over the oral form. Again, there is also no additional information regarding the means by which migraine headaches were diagnosed. Sumatriptan is not indicated in the absence of migraine headaches. Tryptans are recommended for migraine sufferers and all oral preparations are effective and well tolerated. Consequently, absent clinical documentation with a clinical rationale for the establishment of migraine headaches and a rationale for the change from oral Sumatriptan to the nasal spray, Sumatriptan 20 mg #6 nasal spray is not medically necessary.