

Case Number:	CM15-0019372		
Date Assigned:	02/11/2015	Date of Injury:	04/01/2009
Decision Date:	04/01/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 is a 51 year old male, who sustained an industrial injury on April 1, 2009. He has reported injury following a motorcycle accident. The diagnoses have included cervical thoracic and lumbar strains. Treatment to date has included medications, cervical fusion, acupuncture, chiropractic treatment, trigger point injections, and epidural steroid injection. Currently, the IW complains of continued neck and upper back pain with radiation into the arms. He also reported insomnia and depression. Physical findings are noted as a well-healed surgical scar in the neck area, visibly perceptible antalgic gait, tenderness in the neck and trapezius areas, and tenderness in the thoracic area. Current medications are listed as Prozac, Hydrocodone-Norco 10, Trazodone, Flexeril, and Meloxicam. On January 2, 2015, Utilization Review non-certified Imitrex 25 mg, one tablet on the onset of migraine, quantity #9. The ODG guidelines were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Imitrex 25 mg, one tablet on the onset of migraine, quantity #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Imitrex 25mg, 1 tablet on the onset of Migraine, #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Triptans, Migraine pharmaceutical treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Imitrex (Sumatriptan). Official Disability Guidelines (ODG) indicate that Triptans are recommended for migraine sufferers. The emergency record dated 10/2/14 documented a diagnosis of migraine headache. Official Disability Guidelines (ODG) indicate that Triptans are recommended for migraine sufferers. Because the medical records document a history of migraine headache, the request for Imitrex (Sumatriptan) is supported by ODG guidelines. Therefore, the request for Imitrex (Sumatriptan) is medically necessary.