

Case Number:	CM15-0138179		
Date Assigned:	07/28/2015	Date of Injury:	08/28/2012
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62 year old female who sustained an industrial injury on 8/28/12. Treatments include medication, physical therapy and heating pad. Progress report dated 5/6/15 reports constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working above the shoulder level, rated 7/10. The pain is sharp and radiates into the right upper extremity. The pain is associated with headaches that are migraine in nature and tension between the shoulder blades. She has constant low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking multiple blocks. The pain is sharp and radiates into the lower extremities, rated 7/10. Diagnoses include: cervical/lumbar discopathy, carpal tunnel/double crush syndrome and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Plan of care includes: continue conservative treatment with current course of therapy and medications. Medications being requested under separate cover, work status: continue working and avoid prolonged driving when she has a flare up of her back pain as she is unable to feel her legs when she has a flare up episode. Follow up in 4 weeks. Separate cover request for authorization dated 6/2/15 for the following medications; relafan, prevacid, ondansetron, cyclobenzaprine, Tramadol, lunesta, Tylenol #4, sumatriptan, cymbalta, norco, levofloxacin and methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 25 mg #9 x2: 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, Triptans Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, (Sumatriptan) and Other Medical Treatment Guidelines www.dailymed.nlm.nih.gov.

Decision rationale: Regarding the request for Sumatriptan Succinate 25 mg #9 x2, California MTUS does not address the issue. ODG recommends the use of triptans for migraine sufferers. At Marketed doses, all oral triptans are effective and well tolerated. The FDA states "The safety of treating an average of more than 4 headaches in a 30-day period has not been established." Within the documentation available for review, the physician does state the patient has migraines. However, the physician has written for 9 pills a month with refills even though the effectiveness of the medicine has not been established in this patient. Furthermore, no more than 4 headaches a month has been shown to be safe for treatment by the FDA and the physician has written for an amount that would exceed treating 4 headaches a month. There is no provision to modify the current request. Therefore, the currently requested Sumatriptan Succinate 25 mg #9 x2 is not medically necessary.