

<b>Case Number:</b>	CM15-0139361		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Emergency 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 48-year-old female who sustained an industrial injury on 4/9/1996 resulting in left foot pain. She is diagnosed with reflex sympathetic dystrophy, lower left extremity allodynia, and fibromyalgia. Documented treatment has included medication, which has helped with pain, medication pump that has helped her reduce oral medication, physical therapy, home exercise, and heat. The injured worker continues to report ongoing pain in the right lower extremity. The treating physician's plan of care includes Imitrex 25 mg. Working status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 25mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

**Decision rationale:** Sumatriptan/Imitrex is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines (ODG), it is recommended for migraines. Documentation is poor. There is not a single mention concerning headaches or migraines in documentation. Provider only notes that this was a refill. There is no diagnosis of migraine or any rationale provided for this prescription. Imitrex is not medically necessary.