

Case Number:	CM15-0143856		
Date Assigned:	08/05/2015	Date of Injury:	11/12/2001
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male, who sustained an industrial injury on 11-12-2001. On provider visit dated 05-08-2015 the injured worker has reported neck pain. On objective findings were noted as decreased range of motion and increased pain. A positive Spurling's was noted as well. The diagnoses have included status post cervical fusion, cervical spine radiculopathy and right knee pain. Treatment to date has included medication. The provider requested Imitrex 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg #30, 1 by mouth everyday: 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, Imitrex (sumatriptan)/Triptans.

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: The MTUS does not discuss the use of triptans directly, and therefore the ODG provides the preferred mechanism for assessment of medical necessity in this case. The ODG state that triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. In this case, the patient's date of injury is quite a while ago (14 years), and the provided records do not specifically describe issues of migraine headaches etc. While the patient may, in fact, benefit from the medication, without further documentation to support the need for treatment with triptans, the request cannot be considered medically necessary.