

Case Number:	CM15-0180704		
Date Assigned:	09/22/2015	Date of Injury:	05/03/2010
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male with an industrial injury dated 05-03-2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with a psychological and general medical condition, insomnia and post-concussion syndrome. Several documents within the submitted medical records are difficult to decipher. According to the progress note dated 06-01-2015, the injured worker reported increasing headache pain. Pain level was 8 out of 10 and interval pain rated a 7-8 out of 10 on a visual analog scale (VAS). Documentation (06-01-2015) noted no recent aberrancies. The injured worker was noted to have a history of slight overuse in the past with increased pain; however, he states that he is very cautious with medications. Objective findings (06-01-2015) revealed grimace and stuttering. In progress report dated 07-09-2015, the injured worker reported increased pain. The injured worker continues to complain of headache and knee pain. The injured worker is taking Fiorcet for headaches. He also takes Percocet 6 to 7 times a day and Voltaren gel. The injured worker is independent with activities of daily living. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records indicate that the injured worker has been on Imitrex since at least 02-02-2015. Records indicate that the injured worker is permanently disabled. The treating physician prescribed Imitrex 100mg #12. The utilization review dated 09-03-2015, non-certified the request for Imitrex 100mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, 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 chapter and pg34.

Decision rationale: According to the guidelines, triptans are indicated for migraine sufferers. In this case, the claimant had headaches attributed to a stroke and concussive syndrome. The claimant had been on opioids and analgesics for pain as well. Imitrex is not indicated for headache due to concussion or stroke. Response to medications was not well documented. As a result, the continued use of Imitrex is not medically necessary.