

Case Number:	CM15-0181786		
Date Assigned:	09/23/2015	Date of Injury:	07/01/2005
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation

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 (n) 64-year-old female, who sustained an industrial injury on 7-1-05. The injured worker was diagnosed as having status post L5-S1 decompression in 2007, right knee sprain, right shoulder sprain and right elbow bursitis. The physical exam (4-2-15 through 7-16-15) revealed a positive straight leg raise test and right lower extremity numbness and tingling. Treatment to date has included aqua therapy and home exercise programs. Current medications include OxyContin, Zanaflex, Norco, Axid and Imitrex (since at least 4-2-15). As of the PR2 dated 8-24-15, the injured worker reports thoracic and lumbar spine pain with bilateral lower extremity radiculitis. There was no documentation of current pain level. Objective findings include edema in the right lower extremity; a wheeled walker used for ambulation and decreased sensation in the S1 dermatome. The treating physician requested Imitrex 50mg, one-month supply. The Utilization Review dated 9-3-15, non-certified the request for Imitrex 50mg, one-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg, one month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter under Triptans.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with pain in the thoracic spine, lumbar spine, radiating into the bilateral lower extremities, with swelling/numbness/tingling in the right lower extremity. The treater has asked for IMITREX 50MG, ONE-MONTH SUPPLY on 8/24/15. The request for authorization was not included in provided reports. The patient is s/p L4-5, L5-S1 laminectomy/fusion from 6/23/15. The patient also has right shoulder pain that is daily and constant, but medications allow her to do activities of daily living and walking per 7/2/15 report. The patient's current medications as of 4/2/15 include Oxycontin, Soma, Norco, Imitrex, and Axid according to the medical review in 7/2/15 report. The patient has significant weakness of the right ankle per 8/24/15 report. The patient's work status is temporarily totally disabled per 8/24/15 report. MTUS, Medications for Chronic Pain section, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. ODG-TWC, Head chapter under Triptans states: 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. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCrory, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005) Rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. (Gbel, 2010) The patient has been taking Imitrex since 7/2/15 and is currently using Imitrex per 8/24/15 report. The patient does have a history of migraine headaches per review of reports. However, the patient has been using Imitrex for 7 weeks without documentation of effectiveness in pain relief or a noted increase in activities of daily living. Regarding medications for chronic pain, MTUS pg. 60 states treater must keep a record of pain and function. The requested Imitrex is not in accordance with MTUS guidelines and cannot be substantiated. The request is not medically necessary.