

Case Number:	CM15-0190509		
Date Assigned:	10/02/2015	Date of Injury:	06/20/2003
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, 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:

This is a 50-year-old female with a date of industrial injury of 6-20-2003. The diagnoses include status post right shoulder surgery (7-10-13); supraspinatus tendinosis with split on leading edge, right shoulder; chronic intractable pain syndrome; right C5 radiculopathy; status post C5-6 fusion; and status post removal of hardware at the C5-6 level and C4-5 anterior cervical discectomy and fusion (2011). Per the Progress notes from dated 4-28-15 to 8-25-15 she had complaints of neck pain with radiation to the right shoulder and the right upper extremity with associated headaches; bilateral hand pain; and lower back pain radiating to the bilateral lower extremities. She rated her pain 5 out of 10 with medications and 10 out of 10 with them. She was taking Imitrex 100 mg. Per the secondary treating physician's progress notes dated 8-20-15 the patient had complaints of "severe headaches for the past few days". The physical examination revealed tenderness and spasms on palpation of the cervical paravertebral muscles, over the trapezius musculature bilaterally and over the interscapular space and base of the skull, decreased sensation over the right C5 through C8 dermatomes, 2+ Reflexes bilaterally. The medications list includes imitrex, dilaudid, xanax and MS contin. She has undergone right shoulder surgery on 7/10/13, hysterectomy, cholecystectomy, exploratory abdominal surgery, C5-6 fusion in 2013 and removal of hardware at C5-6 level and C4-5 ACDF. She has had multiple diagnostic studies including EMG/NCS dated 10/20/2011 which revealed chronic active C5-6 radiculopathy; MRI cervical spine dated 8/8/2011 and 9/16/2011; MRI right shoulder dated 8/8/2011; CT scan of the cervical spine dated 8/8/2014; EMG/NCS dated 1/8/2015 which revealed bilateral cubital tunnel syndrome. She has had cervical facet block on 7/13/15. The

records did not clearly state the patient was having migraine headaches. The patient was temporarily totally disabled. A Request for Authorization was received for Imitrex 100mg (no quantity specified). The Utilization Review on 9-2-15 non-certified the request for Imitrex 100mg (no quantity specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg (no quantity specified): 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-Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15)Triptans.

Decision rationale: Imitrex 100mg (no quantity specified). Imitrex contains sumatriptan. Triptans are used for treating migraine headaches. Per the cited guidelines, Triptans are "Recommended for migraine sufferers". The FDA approved indication for Imitrex is acute migraine with or without aura. The failure of other medications for migraine headaches (like NSAIDS) is not specified in the records provided. A detailed history and examination related to migraine headaches is not specified in the records provided. The medical necessity of Imitrex 100mg (no quantity specified) is not fully established in this patient at this time.