

Case Number:	CM15-0193510		
Date Assigned:	10/07/2015	Date of Injury:	07/02/2012
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 46 year old female, who sustained an industrial injury on 7-2-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for headache face and head pain. On 8-13-2015, the injured worker reported left sided headaches with good relief from Tramadol ER, which has been the only medication to control her headaches. Associated symptoms included vertigo over the past 2 weeks and left ear tinnitus. The physical exam (8-13-2015) revealed decreased local tenderness over the left greater occipital nerve and persistent minimal tenderness over the left temporal artery. Treatment has included an occipital nerve block, psychotherapy, cognitive behavioral therapy, and medications including anti-migraine (Excedrin and Maxalt), anti-migraine (Sumatriptan since at least 2015), pain, anti-depressant, anti-epilepsy, and wakefulness-promoting. Per the treating physician (8-13-2015 report), the injured worker was to remain off work. The requested treatments included Sumatriptan 100mg #20. On 9-8-2015, the original utilization review non-certified a request for Sumatriptan 100mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 - migraine, triptan.

Decision rationale: The injured worker is a 46 year old female, who sustained an industrial injury on 7-2-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for headache face and head pain. On 8-13-2015, the injured worker reported left sided headaches with good relief from Tramadol ER, which has been the only medication to control her headaches. The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of a diagnosis of migraine headache. ODG supports Sumatriptan for migraine headaches. In the absence of demonstrated diagnosis of migraine, Sumatriptan would not be supported as medically necessary.