

Case Number:	CM15-0198447		
Date Assigned:	10/13/2015	Date of Injury:	11/19/2008
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 62 year old male with an industrial injury date of 11-19-2008. Medical record review indicates he is being treated for status post spinal fusion at lumbar 4-5, neuropathic pain in both legs, bilateral knee replacements with complication of hardware loosening in left knee, migraine headaches related to back tension and major depression. Subjective complaints (09-03-2015) include pain in back shooting down left leg more than right. "The patient states that he cannot work." "He states he cannot function without the medications I give him." The treating physician indicated the injured worker reported a 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. His pain was rated as 8 out of 10; at best 4 out of 10 with medications and 10 out of 10 without them. Current medications (09-03-2015) included MS Contin, Norco, Neurontin, Imitrex (since at least 10-09-2014), Colace, Senokot and Zoloft. Prior medications included Ibuprofen and Ambien. Prior treatments included epidural steroid injections, spinal fusion and medications. Physical exam (09-03-2015) revealed limited range of motion of the back. The injured worker ambulated with a limp. Bilateral knee exam noted crepitus on passive range in flexion to extension of both knees. Examination of both hands revealed positive Phalen's and Tinel's signs and positive Finkelstein maneuvers. In the treatment note dated 08-06-2015 the treating physician noted the injured worker was under a narcotic contract with the office and urine drug screens had been appropriate. On 09-21-2015 the request for Imitrex 100 mg #9 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg #9: 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 (updated 07/24/2015). 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/Triptans Section.

Decision rationale: The MTUS guidelines do not address the use of Imitrex for Migraine headaches, therefore, alternative guidelines were consulted. Per the ODG, triptans such as imitrex 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 injured worker's headaches are documented to be a result of back pain. There is no clear evidence that he suffers from migraine-type headaches, as there is no description of the headaches to include location, presentation, duration or contributing factors. The request for Imitrex 100mg #9 is determined to not be medically necessary.