

<b>Case Number:</b>	CM15-0201083		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 49 year old male who sustained an industrial injury on 7-8-09. A review of the medical records indicates he is undergoing treatment for pain in joint of shoulder, spasm of muscle, thoracic spondylosis without myelopathy, headache syndrome, migraine without aura with intractable migraine and status migrainosus, and cervicalgia. Medical records (9-2-15) indicate ongoing complaints of right shoulder, neck and back pain. The record states that he "also gets headaches off and on and is well tolerated with use of sumavel". The treating provider indicates that his neck and low back pain have been "stable overall". The injured worker is note currently working, but the records indicate he is "actively looking for employment". He receives Sumavel Dosepro 6mg per 0.5ml, 2 subcutaneously as needed for migraines. He has been receiving the medication since, at least, 3-9-15. The utilization review (9-17-15) includes a request for authorization of Sumavel Dosepro 6 per 0.5ml #6 with 3 refills. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumavel dose pro 6/0.5ml #6 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter and pg 34.

**Decision rationale:** According to the guidelines, triptans are recommended for migraine sufferers. The claimant has chronic migraines and has benefited from Sumavel (triptan). The opioids used were for the back pain and not 1st line for migraines. The request for Sumavel as above is medically necessary.