

<b>Case Number:</b>	CM15-0205555		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 54 year old female sustained an industrial injury on 7-14-98. Documentation indicated that the injured worker was receiving treatment for migraines, lumbar degenerative disc disease, failed back surgery syndrome, sacroiliitis and left knee osteoarthritis. Recent treatment consisted of medication management. In a progress note dated 4-15-15, the physician noted that the injured worker's urine drug screen from 3-11-15 was positive for hydrocodone. The injured worker stated that she was under the impression that she could take hydrocodone for severe migraines when the Dilaudid at the time of severe migraine and took hydrocodone instead. The injured worker stated that she was unaware that she could not take old prescriptions. The physician clarified any misunderstanding regarding old prescriptions versus current prescriptions. In a progress note dated 9-14-15, the injured worker complained of ongoing headaches. The injured worker reported that she was taking 2400mg of Advil per day and had been taking more in the past. The physician noted that he advised the injured worker on medication safety. The injured worker stated that Imitrex helped her headaches in the past. The physician stated that the injured worker was stable on Fentanyl and Hydromorphone. The treatment plan included proceeding with lumbar magnetic resonance imaging, refilling Fentanyl, Dilaudid, a prescription for Imitrex and continuing Advil and Diclofenac. On 10-17-15, Utilization Review noncertified a request for Imitrex 25mg #9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 25mg # 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Migraine pharmaceutical treatment.

**Decision rationale:** The claimant has a remote history of a work injury in July 1998 and is being treated for low back pain including a diagnosis of failed back surgery syndrome. In August 2014 she was having headaches attributed to medications. A diagnosis of migraines was added. Dilaudid was being prescribed and an opioid pump had been recommended and declined. In September 2015 she was having headaches which were not industrially related. She was taking Advil excessively as was cautioned about medication use. Prior assessments reference rebound has with generic Norco. Physical examination findings included a height of 5 feet 4 inches with unknown weight. Imitrex was refilled on a non-industrial basis. Triptans are recommended for migraine sufferers. In this case, the claimant has a diagnosis of rebound headaches without clear diagnosis of migraines. Regardless, this medication is being prescribed on a non industrial basis. The request cannot be accepted as being medically necessary.