

Case Number:	CM15-0020824		
Date Assigned:	02/10/2015	Date of Injury:	09/22/2009
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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, New York, Pennsylvania
 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 51 year old male who sustained an industrial injury on 9/22/09. The injured worker reported symptoms in the shoulder, neck, left upper extremity, back and left knee. The diagnoses included chronic cervical myofascitis, chronic sprain/strain thoracic spine, chronic sprain/strain lumbar spine, bilateral lumbar radiculitis, status post transpositional ulnar nerve at the cubital tunnel, cervicogenic headaches and status post right knee arthroscopy. Treatments to date include oral pain medications, status post transpositional ulnar nerve at the cubital tunnel, status post right knee arthroscopy. In a progress note dated 11/6/14 the treating provider reports the injured worker was with "diffuse body aches...persistent headaches near constant ranging up to a 9+/10..." On 1/20/15 Utilization Review non-certified the request for Imitrex 50 milligrams quantity of 30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg quantity 30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation www.FDA.gov/drugs Imitrex

Decision rationale: The basis of the non-certification was that Imitrex is authorized for use in migraine headache and that the member did not have a diagnosis of migraine. A review of a neurology note from 26 Aug 14 listed the following diagnoses: Post-Traumatic Head Syndrome and Transformal Migraine. The implication is that the underlying condition and headache history had effectively transformed into a migraine and was to be treated as such. Fioricet had been tried followed by Midrin with consideration of the use of Botox all classically used to manage migraine headache. The request for Imitrex for management of Migraine headache would be medically supported.