

Case Number:	CM15-0215314		
Date Assigned:	11/05/2015	Date of Injury:	09/21/2010
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, Florida, 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 57 year old female, who sustained an industrial injury on 09-21-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical disc herniation with left upper extremity radiculopathy, left shoulder injury, left carpal tunnel syndrome, left lateral and medial epicondylitis, left ulnar nerve surgery, and reactionary depression and anxiety. Medical records (03-31-2015 to 10-07-2015) indicate ongoing neck pain with radiating symptoms into the upper extremities and associated with headaches. Pain levels were rated 4-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate worsening pain 6-8 weeks after undergoing cervical epidural steroid injections (CESI) (04-23-2015) which had initially provided 50% pain relief. Additional CESIs were completed on 08-13-2015 resulting in decreased pain levels and numbness and tingling in the upper extremities. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 10-07-2015, revealed restricted range of motion in the cervical spine, decreased reflexes and strength in the left upper extremity, and decreased sensation along the C5-6 distribution. Relevant treatments have included: multiple surgeries on the left upper extremity, cervical epidural steroid injections, trigger point injections, physical therapy (PT), acupuncture, work restrictions, and medications. Imitrex appeared to be initially prescribed on 09-09-2015. The most recent PR did not indicate complaints of headaches. The PR and request for authorization (10-07-2015) shows that the following medication was requested: Imitrex 100mg #9. The original utilization review (10-21-2015) non-certified the request for Imitrex 100mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex Tab 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 Chapter, Imitrex (Sumatriptan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head section, under Triptans.

Decision rationale: This claimant was injured in 2010 with cervical disc herniation with left upper extremity radiculopathy, left shoulder injury, left carpal tunnel syndrome, left lateral and medial epicondylitis, left ulnar nerve surgery, and reactionary depression and anxiety. Medical records (03-31-2015 to 10-07-2015) indicate ongoing neck pain with radiating symptoms into the upper extremities and associated with headaches. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Head section, under Triptans: 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. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCroly, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005) In this case, although there are headaches, it is not clear clinically they are migraines. It is also not clear that other simpler analgesic medicines had been tried and failed. The request is not medically necessary.