

<b>Case Number:</b>	CM15-0225152		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Emergency 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 39 year old, female who sustained a work related injury on 6-10-13. A review of the medical records shows she is being treated for neck, right shoulder, right arm-wrist and migraine headaches. In the Initial Physiatry Evaluation Report dated 10-12-15 and Follow-Up Report dated 10-20-15, the injured worker reports chronic neck, upper back, shoulder and right arm pain. She reports a new onset of left hand numbness in 3rd finger. She has menstrual cycle associated migraine headaches. Upon physical exam dated 10-20-15, she has limited cervical range of motion, right greater than left. She has trigger points palpated in C4-7 paraspinal and parascapular muscles. She has tenderness over the left levator scapulae. She has tenderness over right shoulder muscles. Treatments have included 30 sessions of physical therapy, medications, home exercises, greater than 6 sessions of acupuncture, and work modifications. Current medications include Voltaren gel, Lidocaine 5% patches, Lunesta, Prilosec-Famotidine, Flonase-Zyrtec, Orthocycin and Buspar. She is working full duty with restrictions. The treatment plan includes requests for EMG-NCV studies of both arms and to continue medications and home exercises. The Request for Authorization dated 10-20-15 has requests for Sumatriptan and Lunesta. In the Utilization Review dated 11-13-15, the requested treatments of Sumatriptan 25mg. #9 and Lunesta 2mg. #90 are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan 25mg #9 as needed, DOS: 10/20/15: 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, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Triptans.

**Decision rationale:** The requested Sumatriptan 25mg #9 as needed, DOS: 10/20/15, is not medically necessary. CA MTUS/ACOEM are silent Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)). Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 02/14/12): 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. The injured worker has chronic neck, upper back, shoulder and right arm pain. She reports a new onset of left hand numbness in 3rd finger. She has menstrual cycle associated migraine headaches. Upon physical exam dated 10-20-15, she has limited cervical range of motion, right greater than left. She has trigger points palpated in C4-7 paraspinal and parascapular muscles. She has tenderness over the left levator scapulae. She has tenderness over right shoulder muscles. The treating physician has not documented objective evidence fo derived functional improvement from its use. The criteria noted above not having been met, Sumatriptan 25mg #9 as needed, DOS: 10/20/15 is not medically necessary.

**Lunesta 2mg #90, every night at bedtime, DOS: 10/20/15: 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), Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta), Insomnia treatment.

**Decision rationale:** The requested Lunesta 2mg #90, every night at bedtime, DOS: 10/20/15, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is not recommended for long-term use; and Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The injured worker has chronic neck, upper back, shoulder and right arm pain. She reports a new onset of left hand numbness in 3rd finger. She has menstrual cycle associated migraine headaches. Upon physical exam dated 10-20-15, she has limited cervical range of motion, right greater than left. She has trigger points palpated in C4-7 paraspinal and parascapular muscles. She has tenderness over the left levator scapulae. She has tenderness over right shoulder muscles. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 2mg #90, every night at bedtime, DOS: 10/20/15 is not medically necessary.

