

<b>Case Number:</b>	CM15-0034193		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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:

The injured worker is a 68 year old female with an industrial injury dated 11/12/2001 resulting from reaching for a box. Her diagnoses include status post lumbar fusion, cervical radiculitis, and right knee pain. Recent diagnostic testing has included x-rays of the right knee (02/25/2014), MRI of the right knee (04/01/2014) showing a small inferior surface tear within the body of the lateral meniscus, and ultrasound of the right lower extremity (09/08/2014) which was negative for deep vein thrombosis. Previous treatments have included conservative measures, medications, lumbar fusion, trigger point injections, cortisone injections, right knee surgery (09/05/2014), and physical therapy. In a progress note dated 01/07/2015, the treating physician reports neck and bilateral shoulder pain (rated 7/10). The objective examination revealed cervical spine tenderness and spasms with restricted range of motion. The treating physician is requesting Imitrex which was denied by the utilization review. On 01/16/2015, Utilization Review non-certified a prescription for Imitrex tablets 100mg #30, noting the absence of documentation in the clinical record available for review of the medical necessity for this request. The ODG guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of Imitrex tablets 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex tab 100mg #30:** 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 Chapter, Triptans and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html).

**Decision rationale:** Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested sumatriptan is not medically necessary.