

Case Number:	CM15-0036770		
Date Assigned:	03/05/2015	Date of Injury:	02/20/2013
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey

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 48 year old male, who sustained an industrial injury on 02/20/2013. He has reported subsequent back pain and headaches and was diagnosed with thoracic sprain and headache. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and TENS unit. In a progress note dated 01/29/2015, the injured worker complained of low back pain and frequent headaches. Pain was rated as 8/10. Objective findings were notable for moderate tenderness to palpation of the bilateral cervical paraspinal muscles and occipital regions. A request for authorization of Sumatriptan was made. On 02/05/2015, Utilization Review non-certified a request for Sumatriptan, noting that there was no formal diagnosis or workup from migraine to warrant the request. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 50mg #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), Head.

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

Decision rationale: The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, he was diagnosed with post-concussive syndrome with associated headaches aggravated (in the opinion of his neurologist) by his medication overuse. He was recommended ice and reduction in pain medications. No evidence found in the documentation submitted suggested he had migraines or was diagnosed with migraines to warrant a consideration of sumatriptan use. Therefore, it will be considered medically unnecessary.