

<b>Case Number:</b>	CM15-0051810		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/27/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Ohio, North Carolina, Virginia  
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 52 year old female, who sustained an industrial injury on 11/27/2002, while employed as a nurse, due to continuous trauma. The injured worker was diagnosed as having status post cervical fusion C4-C7, pseudoarthrosis c4-5, and residual cervical radiculitis. Treatment to date has included surgical spinal procedures and conservative treatments, including physical therapy, medications, and diagnostics. Currently, the injured worker complains of chronic neck pain and headaches. Physical exam noted tenderness to direct palpation over the cervical spinous processes and upper/medial trapezius region on the left. Cervical range of motion was restricted. Current medication regime was not noted. The use of Imitrex was noted for greater than one year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50 mg QTY 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: Head Chapter - Triptans.

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

**Decision rationale:** According to the guidelines, Triptans are 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. In this instance, it appears the injured worker has been prescribed Imitrex since at least 1-15-2014 for headaches. She states the medication is effective for her headaches which have occurred as often as 3/7 days. She describes the pain as occipital and associated with nausea, vomiting, sensitivity to light, smells, and noise. It had been recommended that she see a neurologist previously for her headaches. Because her headaches appear to have at least a migrainous component, Imitrex 50 mg #30 is medically necessary.