

<b>Case Number:</b>	CM15-0062267		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 female, with a reported date of injury of 01/02/1996. Her date of birth was illegible. The diagnoses include chronic neck pain, status post multiple cervical surgeries, and muscle spasm of the paracervical and trapezius muscles. Treatments to date have included oral medications. The progress report dated 03/18/2015 indicates that the injured worker had neck pain. The severity of the pain was rated 7-8 out of 10. She also complained of back stiffness, numbness and tingling, weakness in the right and left arms, and stiffness and pain. The objective findings include decreased light touch sensation of the bilateral C6 and C7 dermatomes, pain to palpation over C2-3, C3-4, C4-5, and C5-6 facet capsules, pain with range of motion, and severe increases in pain and decreased strength. It was noted that the injured worker continued to have substantial benefit from the medications, there was no evidence of drug abuse or diversion, and no abnormal behaviors. The treating physician requested Sumatriptan 100mg #10, with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan 100 MG #10 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested Sumatriptan 100 MG #10 with 3 Refills is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain, Triptans, are recommended for migraine sufferers. The injured worker has neck pain. The severity of the pain was rated 7-8 out of 10. She also complained of back stiffness, numbness and tingling, weakness in the right and left arms, and stiffness and pain. The objective findings include decreased light touch sensation of the bilateral C6 and C7 dermatomes, pain to palpation over C2-3, C3-4, C4-5, and C5-6 facet capsules, pain with range of motion, and severe increases in pain and decreased strength. The treating physician has not documented objective evidence of derived functional benefit. The criteria noted above not having been met, Sumatriptan 100 MG #10 with 3 Refills is not medically necessary.