

<b>Case Number:</b>	CM15-0081720		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/24/1998
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: North Carolina

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 55 year old male, who sustained an industrial injury on 08/24/1998. He has reported injury to the neck and low back. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis, unspecified; spasm of muscle; post-laminectomy syndrome lumbar region; post-laminectomy syndrome cervical region; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, chiropractic, acupuncture, physical therapy, and surgical intervention. Medications have included Tramadol, Flexeril, Naproxen, Ultram, Imitrex, Amitriptyline, and Prevacid. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain with radiation into the bilateral upper extremities, extending into his fingertips bilaterally; low back pain extending out toward the hips and radiates into the bilateral lower extremities, right greater than left; and his medications help his pain allowing him to be somewhat function in his activities of daily living and job duties. Objective findings included decreased and painful cervical spine range of motion; lumbar spine is hypersensitive to touch with guarded movement; pain and numbness across lumbar spine; straight leg raise is positive on the left and right; and decreased and painful lumbar range of motion. The treatment plan has included the request for Imitrex 100 mg #18, 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 100 mg #18 1 refill:** 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), migraine sufferers.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

**Decision rationale:** The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the medication is indicated in the treatment of migraine headache. The patient does not have the formal diagnosis of migraine headache and therefore the request is not medically necessary.