

Case Number:	CM15-0088567		
Date Assigned:	05/12/2015	Date of Injury:	09/22/2009
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52 year old male sustained an industrial injury neck and back on 9/22/09. Previous treatment included magnetic resonance imaging, right knee arthroscopy, cane, bracing, injections and medications. In a PR-2 dated 4/14/15, the injured worker returned for an unscheduled reevaluation due to an acute exacerbation of pain. The injured worker complained of acute spasms of the right shoulder and increasing headaches that extended into the back of the neck, rated 9/10 without medications and 4/10 with medications. The injured worker rated his average pain 5/10. The physician noted that a neurologist had recommended Imitrex. The physician noted generalized decompensation attributed to the recent departure of the injured worker's psychiatrist. Physical exam was remarkable for cervical spine with tenderness to palpation of the paraspinal musculature with active myofascial trigger points on the right extending down the trapezius into the rhomboid region, lumbar spine with paraspinal muscle spasms and positive straight leg raise. Palpation in the suboccipital region reproduced headaches. Current diagnoses included chronic cervical spine myofasciitis, chronic thoracic spine sprain/strain, chronic lumbar spine sprain/strain, bilateral lumbar spine radiculitis, status post transpositional ulnar nerve at the cubital tunnel, cervicogenic headaches and status post right knee arthroscopy. The treatment plan included scheduling psychiatry to get control of psychotropic medications before further weaning of opioid medications can be continued and continuing medications (Tizanidine, Norco, Imitrex, Ibuprofen and Senna).

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg quantity 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, Head (trauma, headaches, etc not including stress and mental disorders), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication.
<http://emedicine.medscape.com/article/1142556-medication#2>.

Decision rationale: Imitrex is a Triptan used as abortive medication for moderately severe to severe migraine headaches. There is no documentation that the patient is suffering from a moderate to severe migraine. Therefore, the request for Imitrex (Sumatriptan Succinate) 50mg #30 is not medically necessary.