

<b>Case Number:</b>	CM13-0033541		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female who sustained a work related injury on 06/14/2005. Subjectively, the patient reported complaints of ongoing pain and discomfort in the neck, headaches, dizziness, loss of memory, and difficulty concentrating due to the neck pain. Objective findings revealed tenderness to palpation, restricted and painful range of motion, decreased sensation, and positive sciatic and femoral tension signs bilaterally. The patient's diagnoses included chronic fatigue syndrome, chronic pain syndrome, fibromyalgia, back strain, radiculopathy, and disc herniations. The patient's medications included atenolol, Lyrica, hydrocodone, tizanidine, butalbital/acetaminophen, bupropion, zolpidem, Xanax, alprazolam, and nizatidine. A request for authorization was made for facet joint blocks and transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50 milligrams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Head Chapter, Migraines

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

**Decision rationale:** Official Disability Guidelines recommend triptans for migraine sufferers. The clinical information submitted for review fails to establish the presence of migraine headaches in the patient. There is no documentation to indicate that the patient's complaints of headaches are migrainous in nature. Additionally, there is no documentation of medication efficacy to support continued use. As such, the request for Imitrex 50 mg is non-certified