MAXIMUS Federal Services

Case Number:	CM14-0141476		
Date Assigned:	09/10/2014	Date of Injury:	07/07/2011
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 injured worker is a 57-year-old male who reported an injury on 07/07/2011 due to an unknown mechanism. Diagnosis was post-traumatic stress disorder. Physical examination on 04/07/2014 revealed complaints of moodiness, postcervical fusion, less restrictions, driving anxiety, and signs and symptoms of acute stress. Examination revealed the injured worker had been placed on temporary total disability and was recommended to see a psychiatrist. It was reported that the injured worker needed further treatment regarding chronic headaches, cervical and knee surgery. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The decision for Imitrex 50mg #9 is not medically necessary. The Official Disability Guidelines state that 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. A poor response to 1 Triptan does not predict a poor response to other agents in that class. The efficacy of this medication was not reported. The request does not indicate a frequency for this medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.