

Case Number:	CM14-0159525		
Date Assigned:	10/03/2014	Date of Injury:	11/04/2008
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

According to the records made available for review, this is a 44-year-old female with a 11/4/08 date of injury. At the time (8/16/14) of request for authorization for Sumatriptan 25 mg #10 with 2 refills, there is documentation of subjective (neck and bilateral upper extremities pain) and objective (positive Hoffman's test, decreased sensation on the left C5-C8 dermatome, decreased left biceps reflex, and 4/5 strength of the finger extensors) findings, current diagnoses (brachial neuritis or radiculitis and displacement of cervical intervertebral disc without myelopathy), and treatment to date (medications (including ongoing treatment with Sumatriptan), physical therapy, acupuncture, and chiropractic therapy). Medical report identifies that Sumatriptan is prescribed for headache. There is no (clear) documentation of migraine; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 25mg, #10 with 2 refills: 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) Head Chapter, Triptans

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: MTUS does not address this issue. ODG identifies documentation of migraine, as criteria necessary to support the medical necessity of triptans (including Sumatriptan (Imitrex)). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis or radiculitis and displacement of cervical intervertebral disc without myelopathy. In addition, there is documentation of ongoing treatment with Sumatriptan. However, despite documentation of a request for Sumatriptan for headache, there is no (clear) documentation of migraine. In addition, given documentation of ongoing treatment with Sumatriptan, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Sumatriptan. Therefore, based on guidelines and a review of the evidence, the request for Sumatriptan 25 mg #10 with 2 refills is not medically necessary.