

Case Number:	CM14-0165743		
Date Assigned:	10/10/2014	Date of Injury:	05/04/2010
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 60 year-old male who sustained a work related injury on 05/04/2010 as result of a head injury in which he sustained a concussion. Since then the patient has been treated for chronic headaches and post concussive syndrome. He has developed cognitive deficits / deficiencies since his injury for which he is currently under treatment by behavioral medicine. His current analgesic medications help him maximize his level of physical function and improve his quality of life. In dispute is a decision for Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immitrex: 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 Chapter, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>

Decision rationale: This is a selective serotonin receptor agonist utilized in the treatment of migraine headaches. Its proposed mechanism of action is the narrowing of the blood vessels

thought to be associated with continuation of a migraine headache once it occurs. Unfortunately, the patient is not diagnosed with a migraine headache. I performed an OVID online search with the search combination of 'Sumatriptan' and 'Post-Concussion Syndrome' and did not have any primary source research papers on the use of Sumatriptan for this medical condition. As triptan medications are approved for use in the treatment of migraine headaches the request is not medically necessary.