

<b>Case Number:</b>	CM14-0175301		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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:

Patient is a 68-year-old female who has submitted a claim for status post cervical fusion, cervical radiculitis, cervicogenic headache, and right knee pain associated with an industrial injury date of 11/12/2001. Medical records from 2014 were reviewed. Patient complained of neck pain rated 9/10 in severity, as well as cervicogenic headache. Patient reported 50% pain relief from medication intake. Physical examination of the cervical spine showed moderate spasm, limited motion, and significant decreased lordosis. Treatment to date has included right knee arthroscopy in 9/5/2014, C5 to C7 ACDF in 2002, posterior cervical foraminotomy at C5 to T1 in 2004, physical therapy, trigger point injections, and medications such as Soma, Neurontin, trazodone, Lortab, Fioricet, Imitrex, Cymbalta and Lidoderm patches (as far back as June 2014). Utilization review from 9/29/2014 denied the request for Imitrex 100 Mg 1 Po Daily # 30 because medical records did not establish that the patient suffered from migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 100 Mg 1 Po Daily # 30:** Overturned

**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 Imitrex (sumatriptan) - see 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 Chapter, Triptans

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, patient complained of cervicogenic headache and was prescribed Fioricet and Imitrex (on as needed basis). Patient reported 50% pain relief from medication intake. The medical necessity for continuing triptan management had been established. Therefore, the request for Imitrex 100 Mg 1 Po Daily # 30 was medically necessary.