

Case Number:	CM14-0099084		
Date Assigned:	09/23/2014	Date of Injury:	11/19/2008
Decision Date:	10/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 61-year-old male with a 11/19/08 date of injury. He was working on the brake release mechanism on a car, when he had all of a sudden immediate and severe pain in his low back with radiation into his legs. According to a progress report dated 6/3/14, the patient complained of ongoing back pain that radiated into his left leg. He stated that his medications were helpful. He rated his back pain as an 8/10, at best a 5/10 with medications, and at worst a 10/10 without them. He also reported bilateral knee pain, rated about a 6/10. Objective findings: limited range of motion of lower back, sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot, palpation reveals muscle spasm in lumbar trunk with loss of lordotic curvature. Diagnostic impression: persisting low back pain, history of lumbar sprain/strain, status post posterior fusion at L4-L5 with multilevel degenerative disc disease, status post bilateral knee replacements, history of carpal tunnel syndrome, migraine headaches. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 6/5/14 denied the request for Imitrex. There is no discussion supporting that headaches are related to the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate (imitrex) 100mg #9 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: FDA (Sumatriptan)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. It is documented that the patient has a diagnosis of migraine headaches. The FDA supports the use of Imitrex in this setting. The patient has obtained relief with Imitrex in the past. Therefore, the request for Sumatriptan Succinate (Imitrex) 100mg #9 with 1 refill was medically necessary.