

Case Number:	CM14-0216762		
Date Assigned:	01/06/2015	Date of Injury:	03/31/2000
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 75 year old male sustained a work related injury on 03/31/2000. The mechanism of injury was not made known. As of an initial spine evaluation dated 07/22/2014, the injured worker complained of constant pain of his neck which varied between minimal to severe. With activity, the pain became moderate in degree. Repetitive twisting, turning and bending increased his neck pain. He could not rotate to the right side due to the lack of motion. He also complained of radiation of pain down the right upper extremity in to his hand, weakness of the hand, numbness, tingling and paresthasias. According to the provider, a MRI of the cervical spine performed on 10/10/20112 revealed loss of disc space height particularly at C5-6 and to a lesser degree C4-5 and C3-4. There were posterior disc osteophyte complexes at each level greatest at the C5-6 level. On the axial views at C5-6 there was diffuse disc osteophyte complex which extended off into the neuroforaminal. There was a similar but lesser protrusion at C4-5 and lesser yet at C3-4. The C6-7 level was satisfactory. The MRI report was not submitted for review. Treatment plan included Tylenol with codeine, chondrolite and Prilosec and x-rays of the cervical spine. Radiographic imaging of the cervical spine dated 08/22/2014 revealed no evidence of fracture, mild degenerative changes and neuroforaminal narrowing. Flexion and extension views did not show alteration in alignment. Handwritten progress notes dated 08/26/2014 were partially illegible. According to a handwritten progress noted dated 10/21/2014, the injured worker had continued pain in the right shoulder, neck and back. The provider noted that the injured worker has headaches from neck that was relieved by Cafergot. Objective findings included guarding and tenderness of the neck, low back and right shoulder. Diagnosis included cervical

spondylosis without myelopathy. The injured worker was permanent and stationary. On 12/12/2014, Utilization Review non-certified Cafergot 1mg (unspecified quantity). The request was received on 12/01/2014. According to the Utilization Review physician, Cafergot contains a combination of caffeine and ergotamine and is used to treat or prevent a migraine type headache. However, considering that the patient's severe headache was secondary to his neck condition, the requested Cafergot is not supported, as caffeine and ergotamine should not be used to treat common tension headaches or any headache that seems to be different from the usual migraine headaches. State mandated guidelines recommend use of Triptans as a first line treatment for migraine and there is no evidence of failed attempts at this first line management. Guidelines cited for this review included Official Disability Guidelines, online edition Chronic Pain chapter and <http://www.rxlist.com/cafergot-drug/patient-images-side-effects-htm>. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cafergot 1mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Migraine pharmaceutical treatment

Decision rationale: The MTUS is silent regarding Cafergot or any other migraine medication for the treatment of migraines. The ODG, however, states that triptans are the first line treatment choice for true migraine sufferers as they are effective and well tolerated. Secondary medications for migraines, such as ergotamines or caffeine should only be considered in the setting of failure of the triptans. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, the Cafergot reportedly helped the worker's headaches to some extent, however, there was not a clear diagnosis nor characteristic symptoms of migraine found documented in the progress notes available for review. More evidence was found, however, suggesting her neck pain (spasm, tension) was influencing her headaches which would best respond to rest and NSAIDs as needed, in the opinion of the reviewer. Therefore, considering the above reasons, the Cafergot will be considered medically unnecessary. Also, the number of pills was not included in the request.