

Case Number:	CM14-0217522		
Date Assigned:	01/07/2015	Date of Injury:	07/07/2011
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58-year-old male who reported an injury on 07/07/2011. The mechanism of injury involved a motor vehicle accident. The current diagnoses include open fracture of the clavicle and pain in a joint, other specified site. The injured worker presented on 11/04/2014 for a followup evaluation. The current medication regimen includes Xanax 1 mg, temazepam 30 mg, sumatriptan 50 mg, Protonix 40 mg, and Norco 10/325 mg. There was no physical examination provided on that date. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg # 9: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15,24,63,66,68-69,78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Official Disability Guidelines recommend triptans for migraine sufferers. Differences among them are, in general, relatively small. In this case, it is noted that the injured worker has continuously utilized Imitrex 50 mg since 08/2014. There was no mention of an improvement in symptoms. Additionally, the injured worker does not maintain a diagnosis of migraine headaches. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.