

Case Number:	CM14-0092266		
Date Assigned:	07/25/2014	Date of Injury:	08/08/2002
Decision Date:	06/09/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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: Texas, California

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:

The injured worker (IW) is a 44 year old male who sustained an industrial injury on 08/08/2002. He reported chronic low back complaints and a history of surgery in 2003. According to the AME exam done 08/25/2014, the IW sustained his occupational injury when the vehicle that he was driving blew a tire and he went off the road. He was treated conservatively, then had surgery, and has now had multiple spinal surgeries and chronic pain syndrome with chronic narcotic use. By January of 2014, the IW has had four lumbar surgeries, and on 02/24/2013 had removal of the hardware from his lumbar surgery. He complains of intermittent headaches when his pain gets bad, but he gets relief with Imitrex. Currently, the injured worker complains of chronic low back pain as well as neck pain and headache. He says his pain is actually worse since his last surgery. Norco #180 was dispensed and a prescription for Imitrex 50 mg, 1 by mouth as needed #9 with 4 refills is requested. Per the doctor's note dated 5/6/15 patient had complaints of pain in low back and left leg. Physical examination of the low back revealed tenderness on palpation, limited range of motion, and muscle spasm. The patient has had MRI of the low back on Feb 2015 that revealed disc bulge and fusion. The medication list include Norco, imitrex, Xanax, Colace and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Imitrex 50mg #9 with 4 refills: Upheld

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 Official Disability Guidelines (ODG) Chapter: Head (updated 01/21/15) Triptans and Other Medical Treatment Guidelines Thompson Micromedex-FDA Labeled indications; Drug- Imitrex Migraine, acute, With or without aura.

Decision rationale: 1 Prescription for Imitrex 50mg #9 with 4 refills. Imitrex is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue hence ODG and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug- Imitrex includes Migraine, acute, with or without aura. The dose, duration and response to other medications for acute migraine (NSAIDS) are not specified in the records provided. A detailed neurological examination is not specified in the records provided. Any imaging study for the headache is not specified in the records provided. Imitrex is typically used for treatment of an acute episode of migraine. It has been prescribed in a quantity of Imitrex 50mg #9 with 4 refills which is for daily use. The request for 1 Prescription for Imitrex 50mg #9 is not medically necessary.