

Case Number:	CM15-0011629		
Date Assigned:	01/29/2015	Date of Injury:	03/31/2000
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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

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 75 year old male, who sustained an industrial injury on March 31, 2000. He has reported neck and back pain. The diagnoses have included cervical spondylosis without myelopathy. Treatment to date has included migraine medication. On October 21, 2014, the treating physician noted the injured worker continued pain of the right shoulder, neck, and back, and severe headaches from the neck that were relieved by Cafergot. The physical exam revealed guarding and tenderness of the neck, low back, and right shoulder. The treatment plan included continuing the migraine medication. On January 5, 2015 Utilization Review non-certified a prescription for Cafergot 1mg #100; Refills: 4 (per year), noting the lack of documentation of the injured worker having significant headaches or migraines. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cafergot 1mg #100 refills 4 (per year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Head, Migraine pharmaceutical treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601048.html>

Decision rationale: The 75 year old patient presents with continued pain in right shoulder, neck and back, as per progress report dated 10/21/14. The request is for CAFERGOT 1 mg # 100 REFILLS 4 PER YEAR. There is no RFA for this case, and the patient's date of injury is 03/31/00. The patient also complains of headaches from neck. Diagnoses, as per progress report dated 08/26/14, included cervical spondylosis and degenerative arthrosis of the right shoulder. The patient is taking Tylenol and codeine for pain relief, as per progress report dated 07/22/14. The patient is off work, and his status has been documented as permanent and stationary, as per progress report dated 10/21/14. The MTUS, ACOEM and ODG guidelines are silent on Cafergot. MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601048.html> states that "The combination of ergotamine and caffeine is used to prevent and treat migraine headaches. Ergotamine is in a class of medications called ergot alkaloids. It works together with caffeine by preventing blood vessels in the head from expanding and causing headaches." In this case, the treater states that the patient suffers from headaches which are relieved by Cafergot, as per progress report dated 10/21/14. However, the reports do not provide any other information about the patient's condition. There is no diagnosis of migraine. The treater does not discuss why this Cafergot was chosen over other medications. Hence, the request IS NOT medically necessary.