

Case Number:	CM15-0112081		
Date Assigned:	06/18/2015	Date of Injury:	07/14/2011
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain, shoulder pain, and headaches reportedly associated with an industrial injury of July 14, 2011. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for Imitrex prescribed and/or dispensed on or around May 8, 2015. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of headaches, neck pain, and shoulder pain, collectively rated at 9/10. The applicant had reportedly had a flare of myofascial pain requiring a visit to the Emergency Department. The applicant had been given recent trigger point injections as well as cervical epidural injections, it was reported. The applicant was on Norco, Soma, and Imitrex, it was incidentally noted. The applicant was given diagnoses of chronic neck pain, cervicogenic headaches, and myofascial pain syndrome. Trigger point injections were performed in the clinic. There was no mention of the applicant's having issues with migraine headaches present on this date. The attending provider did not clearly state for what issue, diagnosis, and/or purpose Imitrex had been prescribed. A note dated May 6, 2015 was notable for commentary that the applicant had issues with adjustment disorder, depression, and tearfulness. Wellbutrin and Ativan were prescribed. Once again, there was no mention of the applicant's having issues with migraine headaches present on this date. On May 8, 2015, the applicant reported ongoing complaints of neck pain, headaches, and shoulder pain, collectively rated at 7/10. Imitrex was renewed, without any discussion on medication efficacy. Once again, the applicant was given a diagnosis of cervicogenic headaches. Trigger point injections were performed in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Imitrex.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U. S. Food and Drug Administration PRESCRIBING INFORMATION² IMITREX^{®3} (sumatriptan succinate)¹⁷³ INDICATIONS AND USAGE¹⁷⁴ IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without¹⁷⁵ aura in adults.

Decision rationale: No, the request for Imitrex was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations to ensure proper usage and so as to manage expectation. Here, however, the attending provider did not clearly state or clearly identify why Imitrex had been prescribed here. The attending provider did not state whether or not ongoing use of Imitrex was or was not effective for whatever role it was being employed. While the Food and Drug Administration (FDA) notes that Imitrex is indicated in the treatment of acute migraine attacks, here, however, the attending provider's documentation, suggested that the applicant carried diagnoses of cervicogenic headaches, myofascial pain syndrome, and/or cervical radiculopathy. Imitrex is not, per the FDA, indicated in the treatment of these issues. Therefore, the request was not medically necessary.