MAXIMUS Federal Services

Case Number:	CM15-0113137		
Date Assigned:	06/19/2015	Date of Injury:	04/18/2014
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 32-year-old male, who sustained an industrial injury on 04/18/2014. The injured worker reported that while operating a crane he was hit in the face with metal rebar resulting in a headache all the time and occasional dizziness. The diagnoses have included traumatic headache. On doctors, first report of occupation injury report dated 05/11/2015 the injured worker has reported persistent headache. On examination of the injured worker was noted to have intact CN II-XII, pupils were equal and reactive to light, intact recent and past memories, and no sensory deficit. Treatment to date has included medication, therapy and acupuncture. The injured worker was noted to be working modified duty. The provider requested retro Sumatriptan 50mg and retro Gabapentin 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Sumatriptan 50 MG Tab #8 DOS 5/20/15: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: CA-MTUS and ACOEM are silent with regards to sumtriptan (imitrex). So other guidelines were utilized. ODG states regarding sumatriptan; "Recommended for migraine sufferers." The available medical records (many of which are illegible) indicate the prescription of sumatriptan was not for the treatment of migraines. They indicate that the headaches are related to post concussive syndrome and possibly cervical strain. There is no indication for this medication for this IW's diagnosis nor any evidence based reason to believe he would require, or benefit from, a serotonin 5-HT 1-receptor agonist. Therefore, the request for sumatriptan 50mg #8 is deemed not medically necessary.

Retro Gabapentin 100 MG Cap #80 DOS 5/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Based on the available medical record (portions of which are illegible) there is no diagnosis of, or objective evidence of, neuropathic type pain, CRPS, DM neuropathy or post herpetic neuralgia. As such, the request for Gabapentin 100 MG Cap #80 is deemed not medically necessary.