

<b>Case Number:</b>	CM15-0124152		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2015

### 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, Pain Management

### 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 female with an industrial injury dated 07/12/2013. The injured worker was employed as a flight attendant. She noted that after takeoff (on the above date) there was an odor that smelled like oil coming through the vent onto her face. She complained of her throat burning, feeling dizzy confused and sick to her stomach and eventually passed out. Her diagnoses included exposure to unidentified fumes, neurocognitive disorder, mild; chronic migraine (pre-existing the industrial exposure) and depressive disorder (pre-existing the industrial exposure). Prior treatments included medications, psychotherapy and acupuncture. She presented on 05/21/2015 with complaints of migraines. She estimated having 32 days with headache in the past 3 months. Physical exam noted the injured worker was casually dressed and well groomed with a clear sensorium. She rated her average headache pain as 8/10. The provider documents the injured worker has failed Neurontin, Depakote, Topamax, Inderal and Nortriptyline. She was using injectable Imitrex but "has a lot of side effects." Treatment plan included to continue her medications. Treatment request is for Docusate 250 mg # 180 and Sumatriptan injectable 6 mg/0.5 ml # 24 boxes (6-month supply).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ducosate 250mg, #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/docusate-oral-rectal.html](http://www.drugs.com/mtm/docusate-oral-rectal.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylaxis for Constipation Page(s): 77-78. Decision based on Non-MTUS Citation Uptodate Online, Docusate.

**Decision rationale:** Docusate is a medication used to address constipation. With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. However, a review of recent medication fail to show an opioid is being utilized. The recent progress notes are also lacking in descriptors of how often constipation occurs and what efficacy and improvement is made by the use of this laxative. Given this, this request is not medically necessary.

**Sumatriptan injectables 6mg/0.5ml, #24 boxes (6-month supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/sumatriptan-injection.html](http://www.drugs.com/mtm/sumatriptan-injection.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter, Triptans.

**Decision rationale:** Sumatriptan injectables are useful breakthrough pain medications for those with migraine that cannot tolerate or do not benefit from other formulations such as oral triptans. Regarding this medication request, the California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is documentation of chronic migraine, which was exacerbated by the worker's industrial injury. A recent note indicates that the patient has benefit from injectable triptans, although some side effects are experienced. While this medication is reasonable, the time frame and number of months of the supply is not. It should be noted that an appeal is being made for the Botox injections, and the patient may very well benefit from this. This could possibly lessen the need for a 6-month supply. In pain management, shorter durations of prescriptions are more appropriate as pain can fluctuate over time, and adjustments can be made in this way. The IMR process cannot modify the duration of this request. The original request for 6 months is not medically necessary.