

Case Number:	CM15-0124415		
Date Assigned:	07/08/2015	Date of Injury:	09/28/2011
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck, wrist, hand, elbow, and shoulder pain with associated headaches reportedly associated with an industrial injury of September 28, 2011. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for sumatriptan (Imitrex). The claims administrator referenced an RFA form received on May 18, 2015 in its determination, along with an associated progress note of May 4, 2015. The applicant's attorney subsequently appealed. On an RFA form dated April 6, 2015, Norco, Imitrex, Prilosec, Naprosyn, Neurontin, and laboratory testing were endorsed. In an associated progress note of the same date, April 6, 2015, the applicant reported ongoing complaints of hand, wrist, and neck pain. The note was quite difficult to follow and mingled historical issues with current issues. The applicant received cervical radiofrequency ablation procedures and elbow surgery, it was reported. The stated diagnoses included shoulder pain, shoulder impingement syndrome, elbow epicondylitis, cervical discogenic pain, and carpal tunnel syndrome. Norco, Naprosyn, Prilosec, Neurontin, and Imitrex were renewed. It was stated that the applicant was using Imitrex on an as-needed basis. There was, however, no explicit mention of the applicant's having issues with migraine headaches on this date. The applicant's response to Imitrex was likewise not detailed. On May 4, 2015, the applicant again reported multifocal complaints of neck pain, shoulder pain, wrist pain, and elbow pain. The attending provider appealed previously denied medication. Once again, the diagnoses have included cervical discogenic pain, facetogenic neck pain, elbow epicondylitis, shoulder pain, wrist pain, and carpal tunnel syndrome. Imitrex was renewed, along with several other medications. The applicant was using Imitrex for headache. There was, however, no mention of the applicant's carrying a diagnosis of migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 50mg Bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Indications and Usage, Imitrex.

Decision rationale: The request for Sumatriptan (Imitrex) was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The MTUS Guideline in ACOEM Chapter 3, page 47 also 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 so as to ensure proper usage and so as to manage expectations. The Food and Administrator (FDA) note, however, that Sumatriptan (Imitrex) is indicated in the treatment of migraine headaches with or without aura in adults. Here, however, there was no mention of the applicant's carrying a diagnosis of migraine headaches on either the April or May 2015 progress notes referenced above. There was no mention of the applicant's having issues with headaches, nausea, photophobia, phonophobia, etc., evocative or suggestive of migraine-type headaches. The attending provider did not explicitly state whether or not Imitrex (sumatriptan) was or was not effective for whatever role it was being employed. Therefore, the request was not medically necessary.