

Case Number:	CM15-0125233		
Date Assigned:	07/09/2015	Date of Injury:	03/20/2009
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 3/20/2009. Diagnoses include mild bilateral carpal tunnel syndrome, cervical spine and shoulder pain and chronic pain. Treatment to date has included diagnostics and medications. EMG (electromyography) / NCV (nerve conduction studies) dated 10/27/2014 showed electrodiagnostic evidence of mild bilateral carpal tunnel syndrome affecting sensory components. Per the Primary Treating Physician's Progress Report dated 11/19/2014, the injured worker reported continued numbness and tingling in her bilateral hands. Physical examination revealed no thenar atrophy in either hand although it may be a little bit on the right. She has positive Tinel's and Phalen's on both hands. The plan of care included hand therapy. Authorization was requested for Imitrex 50mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg Qty: 15.00: 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), Online Edition, Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 34.

Decision rationale: According to the guidelines, Triptans are recommended for migraine sufferers. Imitrex is a Triptan. In this case, the claimant does not have a diagnosis of migraines. There was no mention of headache quality or failure of conservative interventions. The request for Imitrex is not justified and not medically necessary.