

<b>Case Number:</b>	CM15-0125491		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/05/1981
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 53-year-old female who sustained an industrial injury on 03/05/1981. Diagnoses include fibromyalgia. Treatment to date has included medications. According to the progress notes dated 5/7/15, the IW reported widespread pain rated 8/10 and fatigue rated 8/10. She complained of cognitive difficulty with reading; dry mouth; and a fifty-pound weight gain since becoming sedentary. On examination, a manual tender point survey found nine tender points from the occiput to the knee, bilaterally, in which the IW's response was pain with withdrawal. She could not balance on either leg and she had difficulty with tandem walk. The notes stated the IW had a significant history of migraine headaches. It was suggested that management of the fibromyalgia would begin with migraine prevention. A request was made for Sumatriptan 50mg, #10 and Propranolol 40mg, #60 for prevention of migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan 50mg #10:** 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 (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, Triptans, page 221.

**Decision rationale:** Sumatriptan Succinated (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated symptom complaints, clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. Sumatriptan 50mg #10 is not medically necessary and appropriate.

**Propranolol 40mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre, Headaches: diagnosis and management of headaches in young people and adults.

**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, page 221.

**Decision rationale:** MTUS and ODG are silent on the use of Propranolol for the treatment of migraines. Propranolol is a sympatholytic nonselective beta blocker prescribed for tremors, angina, high blood pressure and other heart conditions; however, per National Guideline Clearinghouse, may be indicated for the acute treatment of migraine attacks with or without aura in adults. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated acute symptom complaints, identified clinical findings, or confirmed diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The Propranolol 40mg #60 is not medically necessary and appropriate.