

Case Number:	CM15-0127310		
Date Assigned:	07/14/2015	Date of Injury:	11/08/2013
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina
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 33-year-old male who sustained an industrial injury on 11/8/2013 resulting in pain in the head, neck, shoulder and back. He was diagnosed with persistent severe migraine headaches. Treatment has included Imitrex and pain medications, which he reports as helping to decrease the severity of pain. The injured worker continues to report chronic headaches including dizziness, photosensitivity, and vertigo with an inability to function during episodes. The treating physician's plan of care includes Imitrex, 50 mg. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A service of the U.S. National Library of Medicine From the National Institutes of Health Sumatriptan (Imitrex)-Treats migraine headaches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment for acute migraine headaches. The patient has this diagnosis and therefore the request is medically necessary, as the clinical documentation shows no contraindications to the medication.