

Case Number:	CM15-0129915		
Date Assigned:	07/16/2015	Date of Injury:	03/01/1999
Decision Date:	09/09/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 61-year-old female, with a reported date of injury of 03/01/1999. The mechanism of injury was running and tripping on plastic and boxes, and falling forward. She landed on her knees. The injured worker's symptoms at the time of the injury included pain in the knees and lower back. The diagnoses include chronic cervical pain, cervical radiculopathy, chronic headaches, and cervical migraine headaches. Treatments and evaluation to date have included oral medications. The diagnostic studies to date were not related to the cervical spine or head. The progress report dated 05/18/2015 indicates that the injured worker continued to use her multiple oral medication for residual issues that remain. For her pain complaints over the multiple body parts, the injured worker benefited from a combination of Percocet, Neurontin, and Flexeril. It was noted that for headaches, the injured worker benefited from Zomig. The injured worker complained of neck pain and headaches. The physical examination showed no sign of sedation, alert and oriented, an antalgic gait, use of a cane, and a brace on the right knee. The injured worker remained totally disabled. The plan was to see the injured worker in the following month. The treating physician requested Zomig 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg, #30 for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans; Head, Migraine.

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, Triptans.

Decision rationale: The CA MTUS is silent on Zomig. Zomig is a triptan that treats migraine headaches. The non-MTUS Official Disability Guidelines (ODG) indicate that triptans are recommended for migraine sufferers. The guidelines also indicate that at marketed doses, all oral triptans are effective and well tolerated. The injured worker has been diagnosed with cervical migraine headaches. Therefore, the request for Zomig is medically necessary.