

Case Number:	CM15-0060298		
Date Assigned:	04/22/2015	Date of Injury:	07/25/2013
Decision Date:	05/21/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 48 year old female who sustained an industrial injury on 07/25/2013. She reported pain in the neck with radicular symptoms and some headaches that have migraine-like symptoms. She has pain in the low back with radiation of pain into the lower extremities. The injured worker was diagnosed as having cervicalgia and lumbago. Treatment to date has included lower lumbar surgery, (09/26/2014). Currently, the injured worker complains of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. On a scale of 1-10, the pain is a five. On the cervical spine, there is constant pain aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. There is radiation of pain into the arms and associated headaches that are migrainous in nature as well as having components of tension between the shoulder blades. The headache pain is rated about a 7/10. A request for authorization for Sumatriptan Succinate 25mg #18 is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sumatriptan Succinate 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

Decision rationale: According to the Official Disability Guidelines, Triptans are recommended for migraine sufferers. In this case, the injured worker gets headaches that do not appear to be true migraine. There is no documentation of nausea, vomiting or photophobia. The request for 18 Sumatriptan Succinate 25mg is not medically necessary and appropriate.