MAXIMUS Federal Services

Case Number:	CM15-0063981		
Date Assigned:	04/09/2015	Date of Injury:	04/15/2008
Decision Date:	05/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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 04/15/2008. He reported continuous trauma to the cervical spine. The injured worker was diagnosed as having cervical discopathy with radiculitis, cervicalgia, cubital tunnel syndrome and left carpal tunnel syndrome, clinical right carpal tunnel syndrome, lumbar discopathy, and bilateral epicondylitis. Treatment to date has included electrodiagnostic testing, medication regimen, magnetic resonance imaging of the cervical spine, and request for acupuncture. In a progress note dated 02/24/2015 the treating physician reports complaints of constant, sharp pain to the cervical spine that radiates to the upper extremities along with associated migrainous headaches and tension in the shoulder blades, frequent pain to the bilateral elbows, frequent pain to the right wrist, and constant, sharp pain to the low back with radiculopathy to the lower extremities along with numbness and weakness of the left leg. On a scale of one to ten the pain rating to the cervical spine and low back is rated a seven and the pain rating to the bilateral elbows and right wrist is rated a six. The treating physician requested Sumatriptan Succinate tablets 25mgwith a quantity of nine times two for treatment of migrainous headache secondary to chronic cervical spine pain to assist with allowing a higher level of functioning to maintain work activities and non-work activities.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc. not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-head guidelines and pg 33.

Decision rationale: A progress note on 3/19/15 indicated the claimant's headache was due to cervical pain. There is no evidence of migraine headaches provided in the history or diagnostic evaluation. According to the guidelines, triptans are indicated for migraine headaches. The request for 18 tablets of Sumatriptan is not medically necessary.