

Case Number:	CM15-0064246		
Date Assigned:	04/10/2015	Date of Injury:	01/05/1994
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/05/2015

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: Florida

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 53 year old male who sustained an industrial injury on 01/05/1994. Current diagnosis was not included. Previous treatments included medication management. Initial complaints included an injury to the head after a hammer fell striking him in the head. Report dated 01/26/2015 noted that the injured worker presented with complaints that included headaches that are primarily frontal and occipital. Pain level was rated as 5-8 out of 10 on the visual analog scale (VAS). Physical examination was not provided. The physician noted that the injured worker uses a combination therapy of Imitrex nasal spray and Migranal nasal spray to prevent rebound headaches. Headache prophylaxis included Effexor and Tramadol. It was noted that the injured worker no longer takes Norco. The treatment plan included follow up in three months. Disputed treatment includes Migranal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIGRANAL SPR 4MG/ML #8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed P T. 2008 Jul; 33(7): 404-416. PMCID: PMC 2740949 The Pharmacological Management Of Migraine, Part 1 Overview and Abortive Therapy.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not specifically address requests for Migranal (Dihydroergotamine.) Therefore, other informative resources were referenced. Migranal is a medication that is used intranasally to treat Migrane headaches. It has good efficacy. This medication has been working to control Migraine headaches in this patient status post a head trauma work related injury. This request is considered medically necessary and reasonable.