

Case Number:	CM15-0064688		
Date Assigned:	04/10/2015	Date of Injury:	11/12/2001
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 68 year old female who sustained an industrial injury on 11/12/01. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical fusion, physical therapy, TENS unit, and knee surgery. Diagnostic studies are not addressed. Current complaints include neck pain. Current diagnoses include cervical radiculitis and right knee pain. In a progress note dated 03/13/15 the treating provider report's the plan of care as medications including Flexeril, Neurontin, Imitrex, Mirapex, Norco, and Cymbalta; weight loss/diet, home exercise program, nonsteroidals, ice, and continued use of the TENS unit. The requested treatment is Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex Tab 100 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter.

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-Imitrex.

Decision rationale: Guidelines recommend Imitrex for migraine headaches. However, the available medical records do not state the patient has migraine headaches. The request for Imitrex 100 mg #30 is not medically appropriate and necessary.