

<b>Case Number:</b>	CM15-0075146		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 Jersey

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 46 year old female, who sustained an industrial injury on March 31, 2010. The injured worker was diagnosed as having thoracic outlet syndrome with allodynia, post traumatic headache and post traumatic cervical and thoracic strain. Treatment and diagnostic studies to date have included medication and surgery. A progress note dated March 23, 2015 the injured worker complains of left arm, back and shoulder pain. It is noted the injured worker is using medication but the pain is "out of control" in the physician's words. She is neurologically unchanged. The plan includes oral and topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zomig nasal spray 5mg #12:** 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, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head section, Triptans.

**Decision rationale:** The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, there was diagnosis of post-traumatic headache, however, there was insufficient description of these headaches, including quality, frequency, and severity to help justify a medication for treatment. Also, no diagnosis of migraines was found in the notes. If the worker was using the samples of Zomig, there was no report seen in the notes in regards to its effectiveness at treating the headaches. Therefore, without more clear reporting of the headaches and Zomig use, the request for Zomig cannot be considered medically necessary at this time due to lack of evidence of appropriateness or effectiveness. The request IS NOT medically necessary.