

Case Number:	CM15-0077257		
Date Assigned:	04/28/2015	Date of Injury:	02/27/2008
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female, who sustained an industrial injury on February 27, 2008. She was diagnosed with lumbar degenerative disc disease with myelopathy, cervical spine sprain with radiculopathy, cervicogenic headaches and depression. Treatment included acupuncture, physical therapy, epidural steroid injection, trigger point injections and pain management. Currently, the injured worker complained of persistent headaches and difficulty sleeping. The treatment plan that was requested for authorization included a prescription for Imitrex with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 25mg #30 with 5 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-Triptans and Other Medical Treatment Guidelines Funct Neurol. 1991 Apr-Jun; 6(2):93-100. Cervicogenic headache. The differentiation from common migraine. An overview. Sjaastad O1, Bovim G.

Decision rationale: Imitrex 25mg #30 with 5 refills is not medically necessary per the ODG and a review of the literature on cervicogenic headaches. The MTUS does not address this issue. The ODG states that triptans are recommended for migraine sufferers. A review of the literature states that cervicogenic headache and common migraine are two distinct disorders, with their own clinical patterns, pathogenesis, treatment. The documentation described cervicogenic headaches rather than migraine headaches. Furthermore, 5 refills of this medication would not be appropriate without continued monitoring of efficacy and side effects. The request for Imitrex 25mg #30 with 5 refills is not medically necessary.