

<b>Case Number:</b>	CM15-0079683		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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:

This 51 year old male sustained an industrial injury to the neck and back on 4/1/09. Previous treatment included magnetic resonance imaging, cervical fusion, epidural steroid injections, cognitive behavioral therapy, lumbar brace, cervical collar and medications. In a progress note date 3/12/15, the injured worker complained of ongoing neck and upper back pain with radiation to bilateral upper extremities associated with migraines. The injured worker also reported chronic feelings of depression. Current diagnoses included history of cervical, thoracic and lumbar spine sprain/strain, status post C6-7 anterior cervical discectomy fusion and thoracic spine disc protrusion. The treatment plan included medications (Imitrex, Cymbalta, Dilaudid), psychological treatment concentrating on biofeedback a spine consultation and continuing lumbar and cervical support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Imitrex 25mg/tab, #9:** 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, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Acute Migraine Headache. Benjamin Gilmore, MD, David Geffen School of Medicine, University of California, Los Angeles, CaliforniaMagdalena Michael, MD, Mountain Area Health Education Center, Hendersonville, North CarolinaAm Fam Physician. 2011 Feb 1;83(3):271-280.

**Decision rationale:** MTUS guidelines do not address the prescription of Imitrex for Migraine headaches. Likewise, other reputable sources were referenced. Imitrex is a Triptan medication and is ordinarily an excellent choice for aborting a migraine. Regarding this patient's case, this patient has a history of chronic neck pain and recurrent migraine headaches. Records indicate several ER visits for an intractable migraine. One of the ER notes states that the patient's usual migraine medication Imitrex wasn't working to relieve his pain at the time of that ER visit. There is no documentation in the records that this medication has been helping relieve his Migraines. Likewise, the medical necessity of this request cannot be established. The request is not medically necessary.