

<b>Case Number:</b>	CM15-0093809		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: North Carolina  
 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 64 year old female, who sustained an industrial injury on 7/1/2005. She reported neck, and low back pain. The injured worker was diagnosed as having right shoulder strain impingement, bilateral knee sprain, right elbow olecranon bursitis secondary to overuse, lumbar spinal stenosis/herniated nucleus pulposus, sever lumbar degenerative disc disease, and bladder dysfunction/incontinence. Treatment to date has included medications, urine drug screening, and home exercises. The request is for Sumatriptan, Oxycontin, Soma, and Norco. On 1/15/2015, the records indicated Cymbalta was not effective, and that she reported difficulty sleeping and headaches. On 2/26/2015, she complained of thoracic back pain that radiates into the left buttocks and right knee. She is noted to have a positive straight leg raise test on the right. On 4/2/2015, she complained of having difficulty walking long distances. She reported having lumbar spine pain with radiation to the bilateral lower extremities. Her thoracic spine is noted to have spasms, and lumbar spine is noted to have spasms. He is reported to have no aberrant behaviors. The records indicate she has been utilizing Oxycontin, Norco, Soma, and Sumatriptan since at least November 2014. The records do not indicate a history of migraines. The requested medications are listed as being prescribed for the injured worker. The records do not indicate the level of severity of pain, functional limitations or improvement, or the efficacy from the use of the prescribed medications. Several pages of the medical records contain handwritten information, which is difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 tablets of Sumatriptan (Imitrex) 50mg:** 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), Pain, Imitrex (Sumatriptan), Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

**Decision rationale:** The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment option for the treatment of acute migraine. The patient does have reported headaches but does not have the principle diagnosis of migraine headaches. Therefore, the request is not medically necessary.