

<b>Case Number:</b>	CM15-0097530		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on 03/06/2010. Current diagnoses include cervical disc displacement, lumbago status post surgery, and carpal tunnel syndrome status post carpal tunnel release. Previous treatments included medication management, physical therapy, lumbar surgery, and carpal tunnel release. Previous diagnostic studies include MRI of the cervical spine dated 11/18/2014. Report dated 03/30/2015 noted that the injured worker presented with complaints that included cervical spine pain with radiation to the upper extremities, associated headaches, low back pain with radiation to the lower extremities, and intermittent pain in the right wrist/hand. Pain level was 7 out of 10 (cervical spine), 4 out of 10 (low back), and 4 out of 10 (right wrist/hand) on a visual analog scale (VAS). Physical examination was positive for cervical spine tenderness with spasm, positive axial loading compression test and Spurling's maneuver, limited range of motion, tingling and numbness in the lateral forearm and hand, some erythema and cellulitis around the surgical site of the wrist and hand with some swelling, lumbar spine tenderness with spasm, seated nerve root test is positive, range of motion of the lumbar spine in guarded and restricted, and numbness and tingling in the posterior leg and lateral foot. The treatment plan included discussion of treatment options, refilled medications, return in one week for suture removal, and request for post-op physical therapy. Disputed treatments include sumatriptan and lansoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan 25mg #18:** 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 (trauma, headaches, etc.); and the Non-MTUS National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Triptans, page 221.

**Decision rationale:** Sumatriptan Succinate (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The Sumatriptan 25mg #18 is not medically necessary or appropriate.

**Lansoprazole 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Lansoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Lansoprazole 30mg #120 is not medically necessary or appropriate.