

Case Number:	CM14-0149252		
Date Assigned:	09/18/2014	Date of Injury:	05/10/2004
Decision Date:	10/23/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 21, 2003. Thus far, the injured worker has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; psychotropic medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for Imitrex. The claims administrator stated that the injured worker did not have any compelling evidence of migraine headaches for which Imitrex would be indicated. The claims administrator stated that the injured worker had not had an appropriate workup for the headaches, including a CT scan. The applicant's attorney subsequently appealed. In a September 9, 2014 progress note, the injured worker reported multifocal neck, bilateral shoulder, and arm pain, 5-7/10. The attending provider reported in another section that the applicant's pain levels were reduced from 8/10 without medications to 2-3/10 with methadone. The injured worker was status post cervical fusion surgery, it was noted. The injured worker was using Lunesta and Lexapro for sleep and depression purposes. The injured worker was given diagnoses of cervicogenic headaches, depression secondary to pain, upper extremity neuropathy, and neck pain status post cervical fusion. The injured worker was deemed "disabled," it was noted in another section of the report. Dilaudid, Lexapro, Lunesta, and Methadone were renewed. On August 13, 2014, it was again noted that the injured worker had been deemed disabled. The injured worker was again given diagnoses of cervicogenic headaches, depression, upper extremity pain, and chronic neck pain. Dilaudid, Lexapro, Lunesta, and Methadone were renewed. In a handwritten neurology note of March 25, 2014, the injured worker was asked to discontinue Neurontin and start amitriptyline, reportedly for headaches. On April 28, 2014, amitriptyline was again endorsed. On July 22,

2014, the injured worker was asked to employ Doxepin and continue Imitrex. Stated diagnoses were cervical strain and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100mg, #12 with 6 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), Treatment Index, 12th Edition (web), 2014, Head - Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Imitrex Medication Guide.

Decision rationale: While the MTUS does not address the topic of Imitrex usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes should be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Imitrex is indicated for acute treatment of migraine headaches that are with and without aura. In this case, however, the documentation on file suggests that the injured worker carries a diagnosis of cervicogenic headaches associated with the injured worker's chronic neck pain issues status post earlier failed cervical fusion surgery. There was no mention of any symptoms which would characterize migraine headaches, such as headaches associated with nausea, vomiting, photophobia, phonophobia, etc. No rationale for selection and/or ongoing usage of Imitrex was furnished. The attending provider seemingly stated on several occasions that the injured worker carries a diagnosis of cervicogenic headaches as opposed to a diagnosis of migraines headaches for which Imitrex would have been indicated. Therefore, the request was not medically necessary.