

Case Number:	CM13-0045311		
Date Assigned:	12/27/2013	Date of Injury:	01/20/1999
Decision Date:	12/16/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 51-year-old female, with a reported date of injury of 01-20-1999. The diagnoses include cervical degenerative disc disease, status post C5-6 fusion, currently with degenerative changes at the level and below the fusion, cervical facet osteoarthritis, lumbar degenerative disc disease, coccygodynia, lumbar arthropathy, lumbar radiculopathy, neck pain, and migraines triggered by neck pain. The medical report dated 10-09-2013 indicates that the injured worker complained of left-sided neck pain and low back pain, which radiated to the bilateral upper extremities and lower extremities. The injured worker also had frequent severe migraines. She reported that since the last visit, she had been having frequent migraine headaches usually lasting 2-3 days and required maximum dosages of Zomig, 2 single spray-device doses per day. It was noted that the injured worker stated that needed to go to the emergency room in the past when the medication had not been available. The injured worker reported severe interference with work, concentration, sleeping pattern, and overall functioning. The physical examination showed moderate tightness to palpation and tenderness diffusely over the bilateral trapezii and interscapular area; moderate-to-severe tenderness over the left interscalene and left levator scapula; 75% restriction of cervical motion in all planes; diffuse tenderness to palpation moderately across the lumbosacral area extending to the bilateral SI (sacroiliac) joints; 50% restriction of forward lumbar flexion; 75% restriction of lumbar extension; 50% decreased in lumbar side-to-side flexion; positive bilateral straight leg raise; mild diffuse hypoesthesia and dysesthesia in bilateral hands on dorsal surface; hypoesthesia noted in the left posterior leg and calf to left heel; normal muscle strength in all major groups, somewhat

antalgic gait; and present bilateral deep tendon reflexes. It was noted that a CT scan of the cervical spine on 05-31-2013 showed solid bony fusion at C5-6, degenerative change at C6-7, minimal spinal stenosis and bilateral foraminal stenosis; an MRI of the cervical spine on 11-22-2009 showed midline disc protrusion at C6-7, moderate foraminal stenosis, left C4-5 moderate foraminal stenosis, and anterior C5-6 fusion; and an MRI of the lumbar spine on 04-02-2006 which showed diffuse disc bulge at L3-4 and L4-5 with disc protrusion and left paracentral disc protrusion at L4-5, disc bulge at L4-5, and facet osteoarthritis throughout and bilateral foraminal narrowing. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Percocet, Zofran, Zomig (since at least 10- 2013), Soma, and Valium. The request of authorization was dated 10-09-2013. The treating physician requested two packages of Zomig nasal spray #12. On 11-01-2013, Utilization Review (UR) non-certified the request for two packages of Zomig nasal spray #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig Nasal Spray #12 x 2 packages (1 dose 2 times daily for headache pain due to cervical spine disorder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist;Table%202,Summary%20of%20Recommendations,Hand%20and%20Wrist).

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, page 221.

Decision rationale: Zomig (Zolmitriptan) is 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 Zomig and use is contraindicated in patients with history of stroke, TIA, hypertension, moderate or severe hepatic impairment, Peripheral vascular disease, or to be used while taking SSRI/SNRIs, MAO inhibitors, stomach acid reducing medications or with other forms of migraines such as basilar or cluster headaches or from cervical spine disorders as noted here. 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 of medical screening or for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated specific clinical findings, or confirmed 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 Zomig Nasal Spray #12 x 2 packages (1 dose 2 times daily for headache pain due to cervical spine disorder) is not medically necessary and appropriate.