

<b>Case Number:</b>	CM15-0003818		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 34-year old female, who sustained an industrial injury on May 5, 2011. She has reported an injury that occurred when a large mirror on the wall fell and hit her on the right side of the face. The diagnoses have included sleep apnea, inflammation, muscle aches and headache. Currently, the IW complains of neck and back pain with headaches and nausea and vomiting. The worker was also having leg pain and was using a cane for ambulation. Diagnoses included cervicgia, migraine headache, dizziness, nausea and vomiting. Currently the worker was on multiple medications to include pain medication, anti-nausea medication, and vertigo medication and sleep medication. With current medication, the worker reported getting four hours per sleep at night. On December 31, 2014, the Utilization Review decision non-certified a request for Midrin capsules, 120 count noting that this medication was indicated for migraine headache and was contraindicated for hypertension and can cause nausea, this worker has hypertension. MTUS, ACOEM and ODG did not address this medication and the decision referenced that the website [www.drugs.com](http://www.drugs.com) was used. On January 5, 2015, the injured worker submitted an application for IMR for review of Midrin capsules, 120 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Midrin quantity 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/midrin/html](http://www.drugs.com/mtm/midrin/html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com>; Midrin (Acetaminophen, isometheptene, and dichloralphenazone)

**Decision rationale:** MTUS and ODG are silent on Midrin. Midrin is utilized for the treatment of migraine and tension headaches. Up to Date states Contraindications Hypersensitivity to isometheptene, dichloralphenazone, acetaminophen, or any component of the formulation; cardiovascular or cerebrovascular insufficiency (eg, recent MI, stroke); glaucoma; severe renal disease; hypertension; organic heart disease; peripheral vascular disease; hepatic disease; concomitant monoamine oxidase inhibitor (MAOI) therapy. The patient has been on Midrin since 2011 with the dose increasing and the treating physician did not detail significant function improvement from the medication. In addition the patient has hypertension which is a contraindication to use of the medication. As such, the request for Midrin capsules, 120 count is not medically necessary.