

Case Number:	CM15-0041483		
Date Assigned:	03/12/2015	Date of Injury:	06/29/2006
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 38 year old male who sustained an industrial injury on 06/29/2006. He reported a back injury after pushing and rolling manhole covers. Diagnoses include lumbar radiculopathy status post L5-S1 posterior lumbar interbody fusion in 2010, left hip and groin pain, industrial related multiple sclerosis, depression/anxiety, and cervicogenic and migraine headaches. Treatment and evaluation to date has included surgery, spinal cord stimulator, lumbar epidural steroid injections, lumbar facet injections, inpatient detoxification program, physical therapy, acupuncture, brain and lumbar spine MRI, electromyogram and nerve conduction studies, spinal cord stimulator trial, and medications. An Agreed Medical Examination (AME) in 2011 noted that the injured worker was totally and permanently disabled. The documentation indicates that the injured worker attended postoperative physical therapy in 2010. In September 2014, the injured worker was seen in the emergency department for serotonin syndrome related to use of treximet (naproxen and sumatriptan) for migraines. At a visit with on 12/12/14, the primary treating physician requested acupuncture twice a week for 6 weeks as an adjunct to self-directed physical rehabilitation and/or medical management to hasten functional recovery. It was noted that the injured worker requested outpatient physical therapy which had been beneficial in the past alleviating low back pain, and physical therapy 2 times a week for 6 weeks for lumbar spine was requested. In a progress note dated 01/28/2015, the injured worker presented with complaints of pain in his lower back and left groin. The treating physician reported the injured worker continues to complain of headaches and is requesting to go back on Midrin which has been effective in the past. The physician also noted that the injured worker feels deconditioned,

but is improving with physical therapy and also receiving acupuncture which has been beneficial in helping to alleviate pain in the lower back. The primary treating physician documented that both the physical therapist and acupuncturist recommended 12 additional sessions. Examination showed no tenderness about the thoracic or lumbar paravertebral muscles, no trigger points, full lumbar spine range of motion, and normal lower extremity reflexes, strength, and sensory examination. On 2/17/15, Utilization Review (UR) noncertified requests for midrin #60, 12 sessions of physical therapy, 8 sessions of acupuncture, and 12 sessions of chiropractic treatment, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Midrin #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, migraine pharmaceutical treatment. Other Medical Treatment Guideline or Medical Evidence: Acetaminophen, isometheptene, and dichloralphenazone: Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not address use of midrin. The ODG recommends triptans for treatment of migraines. Melatonin is recommended as an option, and botulinum toxin is recommended for chronic migraine if certain criteria are met. This injured worker had diagnoses of migraines and cervicogenic headaches. He had previously been treated with treximet, which contains naproxen and sumatriptan, but this was noted to have resulted in serotonin syndrome for which the injured worker was evaluated and treated in the emergency department. Midrin, which contains isometheptene mucate, dichloralphenazone, and acetaminophen, is used for relief of tension headache and vascular headache and is potentially effective for relief of migraine headache. Midrin was noted to have been effective in the past. An internal medicine consultant documented that the injured worker had intolerance to multiple medications including Tylenol, and noted a concern for glutathione deficiency. Midrin carries warnings regarding hemolysis in patients with G6PD (glucose 6-phosphate dehydrogenase) deficiency, a related disorder of the hexose monophosphate shunt system. Due to potential for toxicity, and lack of specific recommendation by the guidelines for use of midrin for headaches, the request for midrin is not medically necessary.