

Case Number:	CM15-0018764		
Date Assigned:	02/06/2015	Date of Injury:	12/06/1999
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 52 year old male, who sustained an industrial injury on December 6, 1999, when a roof on which he was standing collapsed. He has reported injury his head and neck. The diagnoses have included chronic cervical pain status post C5-C6 cervical discectomy with solid fusion with adjacent segment disease at C4-C5 and C6-C7 with high grade foraminal narrowing and less critical central canal narrowing, chronic bilateral upper extremity radicular symptoms, right greater than left, with weakness of the upper extremity, chronic posttraumatic headaches, chronic vertigo and tinnitus, chronic posttraumatic stress disorder (PTSD) and depression, possible seizure disorder, chronic C6, C7, and S1 radiculopathy, and post traumatic encephalopathy with memory deficits. Treatment to date has included epidural steroid injection (ESI), TENS, and medications. Currently, the injured worker complains of neck pain, bilateral arm pain, and headaches, with occasional dizziness. The Primary Treating Physician's report dated January 5, 2015, noted the injured worker's headaches well controlled on the Midrin. Examination was noted to show paracervical tenderness from C2-C7-T1, parathoracic tenderness from T1-T12-L1, and paralumbar tenderness from L1-L5-S1, with lower thoracic and lumbar spasm present. On January 23, 2015, Utilization Review non-certified Midrin #60 with three refills, noting the lack of subjective and objective findings for migraine headaches, and lack of evidence for significant reduction of pain, citing non-MTUS/Official Disability Guidelines (ODG) guidelines. On February 2, 2015, the injured worker submitted an application for IMR for review of Midrin #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midrin #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Freitag FG1, Cady R, DiSerio F, Elkind A, Gallagher RM, Goldstein J, Klapper JA, Rapoport AM, Sadowsky C, Saper JR, Smith TR. Comparative study of a combination of isometheptene mucate, dichloralphenazone with acetaminophen and sumatriptan succinate in the treatment of migraine. Headache. 2001 Apr; 41(4):391-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- head, midrin

Decision rationale: ODG guidelines support midrin for patients with persistent pain with functional gain demonstrated from use of midrin. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do not document ongoing functional benefit related to the therapy and indicate ongoing mitigation process as midrin contains substances prone to abuse. As such the medical records provided for review do not support ongoing use of midrin.