

<b>Case Number:</b>	CM15-0019646		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/27/1999
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old male sustained a work related injury on 10/27/1999. According to a progress report dated 10/28/2014, the injured worker continued to have pain in the low back. He currently had pain in the neck. He was only sleeping four hours a night due to pain. He reported having headaches again but not very often. He was using nothing for his pain. His right leg was still responding to the spinal cord stimulator. Diagnoses included right L5 radiculopathy, status post multiple level fusion lumbar, depression, gastritis reactive to his pain/stress, falling episodes due to radiculopathy with right side, left wrist pain and right lateral epicondylitis secondary to falling episodes recurrent, headaches associated with photophobia, left hemicranial, noise sensitive-migrainoid features-mixed headache syndrome, sympathetically mediated pain, sleep impairment, T5 compression fracture, ML thoracic disc disease and therapeutic opioid use. On 01/20/2015, Utilization Review non-certified Midrin Caps #60. According to the Utilization Review physician, Midrin is recommended for patients who have been diagnosed with migraines and there was no record that the injured worker was diagnosed with migraines. There was no evidence that the injured worker was diagnosed by a neurologist and even so, there was no evidence that the industrial injuries were responsible for causing migraine headaches in the injured worker. Guidelines referenced included Diagnosis and Treatment of Headache, Bloomington (MN): Institute for Clinical Systems Improvement 2013 Jan. 90 p. (140 references). The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Midrin caps #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bloomington (MB): Institute for Clinical Systems Improvement (ICSI); Jan. 90p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Pharmaceutical Treatment Life threatening intracerebral hemorrhage with isometheptene mucate, dichlorophenazine and acetaminophen combination therapy. Johnston JC. J Forensic Leg Med. 2009 Nov;16(8):. doi: 10.1016/j.jflm.2009.07.006. Epub 2009 Aug 13.

**Decision rationale:** According to the ODG guidelines, Midrin is not 1st line therapy for migraines. In addition, Midrin contains : isometheptene mucate, dichlorophenazine and acetaminophen which has been shown in recent studies to significantly increase the risk of cerebral hemorrhage. Furthermore the claimant does not have a history of migraines. The use of Midrin is not indicated and not medically necessary.