

<b>Case Number:</b>	CM15-0129624		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old male who sustained an industrial injury on 11/20/07. Initial complaints and diagnoses are not available. Treatments to date include medications, therapies, and psychological counseling. Diagnostic studies are not addressed. Current complaints include headache. Current diagnoses include posttraumatic headache and hypertension. In a progress note dated 05/12/15, the treating provider reports the plan of care as Midrin and Inderal. The requested treatment includes Midrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Midrin three times a day quantity 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Midrin Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in November 2007 and continues to be treated for posttraumatic headaches and hypertension after sustaining an injury as a result of an

explosion while he was welding a diesel fuel tank. In October 2014 he was having has daily left-sided headaches lasting, on average, two hours. When seen, he had worsening headache over three weeks. His blood pressure was elevated. Inderal and Midrin were prescribed. Midrin is indicated for the relief of vascular and tension headaches. The usual adult dosage is one or two capsules every four hours up to 8 capsules a day. In this case, it was being prescribed as part of the claimant's ongoing management. The dosing was within that recommended and Midrin was therefore medically necessary.