

<b>Case Number:</b>	CM15-0141589		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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:

This 29 year old female sustained an industrial injury to the head and neck on 8-6-14. Previous treatment included physical therapy, injections, balance therapy and medications. In a balance therapy progress note dated 6-4-15, the injured worker complained of ongoing headaches that were alleviated with cervical stretching and stabilization of the sub-occipital muscles. The therapist noted that the injured worker had improved balance and was now within normal limits for the Sensory Organization test and Head Shake Sensory test. The injured worker still had increased dizziness and headaches with eyes closed on uneven surfaces. In a progress note dated 6-10-15, the injured worker complained of pain 2 out of 10 on the visual analog scale. The injured worker was alert and oriented times three with appropriate mood and affect. No physical exam was performed. Current diagnoses included post-concussion syndrome, peripheral vertigo, cervicgia and concussion with moderate loss of consciousness. The physician noted that the injured worker was still having headaches with exertion. The treatment plan included continuing balance therapy and a trial of pre-exercise treatment with Indomethacin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Indomethacin 25mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Indomethacin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for injuries sustained as the result of a motor vehicle accident and has diagnoses including post-concussive syndrome with loss of consciousness, vertigo, and neck pain. Treatments have included physical therapy and medications. There was no physical examination recorded. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of indomethacin is 25 mg 2-3 times per day with a maximum dose of 200 mg. In this case, the requested dosing is within guideline recommendations. The claimant has neck pain and post-concussive syndrome and opioid medications would be relatively contraindicated. The requested indomethacin was medically necessary.