

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0116393 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 08/03/2014 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: California

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 47 year old female sustained an industrial injury to the head and neck after a metal gate fell on her head on 8/3/14. Computed tomography of the head was negative. Magnetic resonance imaging brain (108/14) showed a small white matter signal abnormality attributed to microvascular ischemic and hypertension related changes but no acute intracranial abnormality. The injured worker suffered ongoing headaches and blurry vision. Previous treatment included chiropractic therapy, acupuncture, neurology consultation, ophthalmology consultation, psychological care and medications. In a PR-2 dated 4/29/15, the injured worker complained of continue headaches and worsening neck pain with increased left upper extremity pain. Physical exam was remarkable for tenderness to palpation to the left upper extremity and ongoing decreased range of motion to the neck. Current diagnoses included cervical pain and post-concussion syndrome. The treatment plan included cervical spine magnetic resonance imaging and a trial of Indocin. Notes indicate that other NSAIDs have been denied through Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indocin 25mg 1 to 2 by mouth three times a day after meals quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 70; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Indocin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that other NSAIDs have been denied through Utilization Review. The patient has ongoing complaints that have not responded to the treatments previously attempted. Therefore, a trial of NSAIDs seems reasonable. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects and comorbid medical conditions. As such, the currently requested Indocin is medically necessary.