

Case Number:	CM15-0118089		
Date Assigned:	06/26/2015	Date of Injury:	03/27/2014
Decision Date:	07/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male, who sustained an industrial injury on March 27, 2014. He reported an injury to the head, low back, neck, shoulders and bilateral knees following a fall from a ladder. Treatment to date has included physical therapy, massage, speech therapy, diagnostic imaging, orthovisc injections to the right knee, and cognitive behavioral therapy. An evaluation on February 10, 2015 revealed the injured worker complained of headaches, back pain and knee pain. He described his pain as throbbing, aching pain and rated the pain a 2-10 on a 10-point scale. He reported that using Percocet will reduce his pain to a 2 on a 10 point scale. His pain relief lasts for five hours and he is allowed increased activity around the house. He reports that using Topamax helps him sleep. On physical examination the injured worker has frequent complaints of pain and moves slowly and carefully. He had decreased and painful range of motion of the neck and back. The diagnoses associated with the request include head injury and intracranial hemorrhage, post-concussive syndrome, headaches, traumatic head injury with cognitive deficits, cervical spine sprain/strain, cervical brachial myofascial pain syndrome, bilateral shoulder myofascial pain and adhesive capsulitis, lumbar sprain/strain and right knee sprain/strain. The treatment plan includes cognitive behavioral therapy, Percocet, Topamax, Voltaren, Keppra, dental consultation and right knee hinged brace and cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Voltaren 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAIDS Page(s): 107.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches or osteoarthritis. Therefore, the request for Voltaren 75mg tablets is not medically necessary.