

Case Number:	CM15-0065744		
Date Assigned:	04/13/2015	Date of Injury:	03/08/2014
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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, Michigan, 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 was a 61 year old female, who sustained an industrial injury, March 8, 2014. The injury was sustained when the injured worker slipped on a wet floor. The injured worker was uncertain if loss of consciousness, but recalls when the injured worker came around noted blacked eyes and several bruises on the left side of the arm and body. The injured worker received the following treatments in the past random toxicology laboratory studies, acupuncture, Gabapentin, Aleve, Tylenol with codeine, Ibuprofen, Methocarbamol, Amitriptyline, lumbar spine x-rays, CT scan of the brain, EMG/NCS (electrodiagnostic studies and nerve conduction studies), cervical spine x-rays and lumbar MRI. The injured worker was diagnosed with cervicogenic headaches, mild closed head injury, changes in mental status and back pain, lumbar facet arthropathy, right lumbar radiculopathy, anxiety and depression. According to progress note of January 28, 2015, the injured workers chief complaint was headaches, changes in mental status and back pain. The injured worker walks with difficulty and can sit for only about 30 minutes. The injured worker easily bruises excessive fatigue, difficulty concentrating, sexual function, memory loss, trouble walking, difficulty with sleep, muscle weakness, loss of interest in hobbies and feeling depressed. The physical exam noted the injured worker had a mildly antalgic gait. The injured worker had difficulty with standing and heel standing, tandem walking and single leg stance. There was tenderness along the lumbar paraspinal muscles and muscle spasms were noted. There was normal range of motion to the lumbar spine and negative straight leg testing bilaterally. There was tenderness of the paraspinal muscles of the cervical spine with palpation. The treatment plan included a prescription for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: Diclofenac is a non-steroidal 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 cervical and lumbar tenderness and pain that may be relates to inflammatory osteoarthritis. There is no indication that the patient has undergone and failed a trial of first line medications. Therefore, the prescription of Diclofenac 100mg #30 is not medically necessary.