

Case Number:	CM15-0094510		
Date Assigned:	07/14/2015	Date of Injury:	12/20/2004
Decision Date:	08/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 12/20/2004. Current diagnosis includes post concussive syndrome. Previous treatments included medications. Previous diagnostic studies include a brain MRI. Initial injuries occurred when the worker was removing wooden sticks from the ground and one broke causing an injury above the left brow. Report dated 04/03/2015 noted that the injured worker presented with complaints that included chronic headaches which fluctuate in severity. The injured worker noted that Cymbalta is helpful, and that he takes a second analgesic of unknown type. Current medication regimen includes Cymbalta, Azelastine HCL solution, Treximet, Diflunisal, Q-PAP extra strength, and Depakote. Pain level was not included. Physical examination revealed no papilledema, visual fields, pupils, extraocular movements are normal, no weakness or sensory loss, finger to nose and gait station and tandem walk are normal, reflexes are symmetrical, and he has good mobility in the neck with no spasm. The treatment plan included continuing on the current regimen which keeps him functional, he continues to work, and he appears permanent and stationary but will recheck in 3 months. The injured worker is currently working. The injured worker has been prescribed diclofenac ophthalmic solution since at least 07/15/2014. Disputed treatments include diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The medical records submitted for review indicate that the injured worker has been prescribed diclofenac ophthalmic solution since at least 07/2014 without documentation of pain or functional improvement with the use of ophthalmic diclofenac, neither was a clear rationale given for continuing this medication. Furthermore the treating physician's request did not include the concentration, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. Therefore the request for diclofenac, quantity 1 is not medically necessary.