

Case Number:	CM14-0056605		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2011
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 59 year old male with an 8/2/11 date of injury. The mechanism of injury was not noted. According to a 4/8/14 progress note, the patient reported left knee pain in the morning and evening. The pain was associated with crepitus, decreased mobility, joint tenderness, limping, locking, popping, and swelling. Objective findings: continued lower extremity edema, improved in leg but not in joint area; effusion-right mild, left negative; tenderness of right patellar tendon and left patella; crepitation. Diagnostic impression: left knee joint pain, arthropathy of ankle or foot. Treatment to date: medication management, activity modification, surgery (left knee arthroscopy 9/18/13). A UR decision dated 4/18/14 denied the request for Indomethacin because there was not an indication as to why the injured worker is currently taking the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin ER 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 67 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to a progress report dated 4/8/14, this is noted to be a new prescription for indomethacin. The patient has chronic left knee pain. The guidelines do support the use of NSAIDs for the treatment of pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. However, there was no quantity specified in the request. Therefore, the request for Indomethacin ER 75 mg, as submitted, was not medically necessary.