

Case Number:	CM15-0144325		
Date Assigned:	08/20/2015	Date of Injury:	10/18/2013
Decision Date:	09/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 25 year old female who sustained an industrial injury on October 18, 2013. A radiographic report dated April 22, 2015 revealed mild scoliosis, narrowing of the L4-L5 and L5-S1 interspace. She underwent a pre-operative evaluation this same day which reported current medication regimen consisted of: Adderall, Lolsestrin, Xopenex, Colace, Percocet 5mg, Soma, and Zyrtec. The treating diagnosis was: lumbar herniated disc. There is recommendation to undergo a mid-lumbar discectomy at L3-4 including pre-operative work up. On April 30, 201 she underwent a microscopic lumbar discectomy with the treating diagnoses of herniated nucleus pulposus, Left L3-4 and left L4 radiculopathy. A post-operative follow up dated May 08, 2015 reported unchanged medication regimen. The plan of care noted prescribing Tramadol 50mg one by mouth every 4-6 hours as needed #60; also Percocet 10mg 325mg one by mouth every 4-6 hours #30, and post-operative course of physical therapy. She is temporarily totally disabled. At follow up on June 05, 2015 reported subjective complaint of pain as "mild" intermittent pain in the back and left leg. She also reports having had fallen since the last visit going up stairs she fell due to leg weakness. She reports not attending physical therapy session. Current medications: Colace, Percocet 5mg 325mg, soma and Tramadol. The plan of care noted prescribing Indocin and if no progress with that then she is to undergo a magnetic resonance imaging with Gadolinium of the lumbar spine ruling out recurrent disc herniation. If the pain settles with eh use of Indocin then she is to initiate therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Indocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Prospective usage of Indocin is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that Indocin is generally not recommended in the elderly due to increased risk of adverse effects. The request cannot be certified as medically necessary. Without the request having a specified quantity or dosage and without evidence of efficacy prospective usage of Indocin indefinitely cannot be certified.

Creatinine blood test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clin Proc. 2009 Feb; 84(2): 170-179.PMCID: PMC2664588 Contrast-Induced Acute Kidney Injury: Specialty-Specific Protocols for Interventional Radiology, Diagnostic Computed Tomography Radiology, and Interventional Cardiology Stanley Goldfarb, MD, Peter A. McCullough, MD, MPH, John McDermott, MD, and Spencer B. Gay, MD.

Decision rationale: Creatinine blood test is not medically necessary per a review of the literature on contrast induced kidney function. The MTUS does not address this issue concerning radiology studies. Per literature review, screening of kidney function is recommended when ACR criteria indicate that the patient is at increased risk of adverse events. Preventive measures should be focused on patients with stage 4 or 5 CKD, for whom the risk of contrast-induced AKI is sufficiently high to warrant the extra cost and effort involved. For patients at very high risk (eGFR <30 mL/min/1.73 m² and diabetes mellitus), a nephrology consultation is necessary, and iodinated contrast medium should be used only if there is no alternative. The documentation indicates that the patient had normal kidney function on 4/22/15 therefore, a repeat creatinine level is not medically necessary.