

Case Number:	CM15-0145041		
Date Assigned:	08/06/2015	Date of Injury:	10/06/1976
Decision Date:	09/23/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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, Texas

Certification(s)/Specialty: Internal 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 65-year-old male, who sustained an industrial injury on 10-6-76. The injured worker was diagnosed as having abnormal liver function tests, erectile dysfunction and obesity. Treatment to date has included oral medications including Cialis 5mg, Indomethacin ER 75mg, Cardura 8mg, Metformin 500mg, Klor-Con 8 meq, Amlodipine Besylate 10mg, Magnesium Oxide 400mg, Ambien 10mg, Lorazepam 0.5mg, Nexium 40mg and Hydrocodone-APAP 5-300mg; and physical therapy. Currently on 2-13-15, the injured worker complains of being unable to exercise due to chronic pain issues and he is unable to receive Cialis covered by worker's comp because they pay for his Viagra. On 2-13-15, physical exam noted no abnormalities. The treatment plan included laboratory studies, diet counseling and increased movement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin ER (Extended Release) 75mg #90 capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter: pain (chronic), Indomethacin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. The documentation does not support that the patient has been treated with Indomethacin at the smallest dose and for the shortest amount of time. The documentation does not show that the patient has had a significant functional improvement. This request is not medically necessary.