

Case Number:	CM15-0203922		
Date Assigned:	10/20/2015	Date of Injury:	02/18/2015
Decision Date:	12/02/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 37 year old male, who sustained an industrial injury on 2-18-15. The documentation on 10-5-15 noted that the injured worker has complaints of neck and back and left leg pain. The injured worker describes the neck and arm pain ratio as 100 percent, neck pain and 0 percent arm pain. The injured worker describes the back and leg pain ration as 90 percent back pain and 10 percent leg pain. Lumbar spine range of motion is abnormal and limited and flexion was 40 out of 90 degrees. Sensation to light touch revealed decreased S1 (sacroiliac). Magnetic resonance imaging (MRI) in August 2015 revealed degenerative joint disease at L5-S1 (sacroiliac). The diagnoses have included degenerative disc disease and post laminectomy syndrome. Treatment to date has included physical therapy. The original utilization review (10-10-15) non-certified the request for indocin SR (unknown dose and frequency).

IMR ISSUES, DECISIONS AND RATIONALES

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

Indocin SR (unknown dose/frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Indomethacin (Indocin, Indocin SR, generic available) is generally not recommended in the elderly due to increased risk of adverse effects. Dosing: Osteoarthritis, or ankylosing spondylitis: NOTE: If minor adverse effects develop as the dosage is increased, rapidly reduce the dose to a tolerated dose and closely observe the patient. If severe adverse reactions occur, discontinue. Sustained-release capsules come in one dose (75 mg): 75 mg PO 1-2 times per day. After the acute phase is under control, attempt to decrease the dosage to the lowest effective dosage or discontinue the drug. Moderate pain to severe pain including painful shoulder (bursitis and tendinitis) as well as off-label for bone pain: Regular-release capsules, suspension (25 mg and 50 mg): 75-150 mg/day PO in 3-4 divided doses. Discontinue the drug once the signs and symptoms of the inflammation have been controlled for several days. The usual length of therapy is 7-14 days. In this case there the request is for an unspecified number of pills for an unspecified duration. In addition, the records indicate indocin prescriptions for three months, which exceeds the duration of treatment in the guidelines. Therefore, the request is not medically necessary