

Case Number:	CM15-0214689		
Date Assigned:	11/04/2015	Date of Injury:	04/25/2005
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: California

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 58-year-old male, who sustained an industrial injury on 04-25-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for osteoarthritis of the shoulders and knees, chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, lumbar radiculopathy, degenerative joint disease, foot pain, anxiety, depression, cirrhosis of the liver, high blood pressure, and borderline diabetes. Medical records (04-15-2015 to 09-23-2015) indicate ongoing neck pain, bilateral shoulder pain, right buttock pain, left elbow pain, bilateral knee pain, and bilateral feet and ankle pain. Pain levels were rated 5-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate improved activity levels and level of function, particularly with the right knee. Per the treating physician's progress report (PR), the IW was able to return to full duty. The physical exam, dated 09-23-2015, revealed the use of a cane without any other findings. Relevant treatments have included: right knee arthroplasty (04-2015), physical therapy (PT), work restrictions, and pain medications (chronic long term use of narcotic pain medications). There was no mention of Indomethacin as a current or previous medication. The treating physician indicates that urine drug screenings have been consistent. The request for authorization was not available for review; however, the utilization review letter states that the following medication was requested 10-12-2015: Indomethacin. The original utilization review (10-22-2015) non-certified the request for Indomethacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the ODG, Indomethacin is not recommended. A large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen is least likely to increase cardiovascular risk. Indomethacin is an older, rather toxic drug, and the evidence on cardiovascular risk should cast doubt on its continued clinical use. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no evidence that he has failed with Ibuprofen or Naproxen. Furthermore, there is no dosage or quantity information included with this request. The request for Indomethacin is determined to not be medically necessary.