

Case Number:	CM15-0046970		
Date Assigned:	03/19/2015	Date of Injury:	07/29/2005
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 59 year old female sustained an industrial injury on 7/29/05. She subsequently reported low back pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include post laminectomy syndrome. Treatments to date have included physical therapy, surgery and prescription pain medications. The injured worker continues to experience low back pain, depression and headaches. A request for Indomethacin 50mg #60 with 2 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 59 year old female with an injury on 07/29/2005. She has low back pain. MTUS guidelines does not recommended long term treatment with NSAIDS.

NSAIDS is associated with a risk of GI bleeding, cardiovascular adverse effects and renal failure. They also decrease soft tissue healing. Indomethacin is not medically necessary for this patient.