

Case Number:	CM14-0217070		
Date Assigned:	01/07/2015	Date of Injury:	06/21/2011
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: Physical Medicine & Rehabilitation

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 sustained a work related injury on June 21, 2011, trying to get a refrigerator off a truck, with a twisted knee injury. The injured worker was noted to have undergone a right knee arthroscopy with meniscectomy on September 5, 2013. A copy of the surgical report was not included in the documentation provided. The injured worker's conservative therapies were noted to have included physical therapy, activity modification, acupuncture, bracing, cane, Tens, ice/heat therapy, home exercise program, Synvics One injection, and oral and topical medications. A right knee MRI dated May 22, 2014, was noted to show chondral lesions of the lateral compartment, tiny chondral fissure of the central weight bearing surface of the medial femoral condyle, intermarginal blunting of the body of each meniscus, with moderate to severe patellofemoral osteoarthritis. The Primary Treating Physician's report dated December 4, 2014, noted the injured worker with increased bilateral knee pain with cracking and spasms, and continued neck pain with decreased range of motion. Physical examination was noted to show tenderness to palpation over the right patella with crepitus. The diagnoses were listed as knee sprain/strain, cervical sprain/ strain, wrist sprain/strain, and sleep disturbance. The Provider noted the injured worker may benefit from an Indocin trial for better efficacy of arthritic pain, and requested authorization for Indocin 25mg #60. On December 12, 2014, Utilization Review evaluated the request for Indocin 25mg #60, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the guideline criteria had not been met as there was no evidence as to why a prescribed and intermittently utilized over the counter (OTC) non-steroid anti-inflammatory drug (NSAID) would not have been reasonably applicable, therefore the

request for Indocin 25mg #60 was not medically necessary. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 12/04/14 Indocin 25mg # 60: 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 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2011 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Indocin is not medically necessary and appropriate.