

Case Number:	CM15-0013456		
Date Assigned:	02/02/2015	Date of Injury:	02/17/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 year old female who sustained a work related injury on February 17, 2011, injuring her right shoulder, low back and right leg, from strenuous lifting, pushing and carrying in a food supply store. Diagnostic testing revealed degenerative spondylosis, lumbar disc bulge, right shoulder impingement syndrome, neuropathy and a tear of the right knee meniscus in 2011. On October 18, 2013, she underwent surgery for disc excision and fusion. Other treatment included medication management and a walker for ambulation. In 2014, she underwent another lumbar sacral fusion. Currently, the injured worker complained of continued low back and leg pain. On January 20, 2015, a request for a prescription of Indocin 25 mg #90 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indocin 25mg #90: Overturned

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

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." With specific regard to Indocin, the MTUS states: Indomethacin (Indocin, Indocin SR, generic available): This medication 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. Regular-release capsules, suspension (25 mg and 50 mg): 25 mg PO 2-3 times a day with food or antacids; may increase dose by 25 mg/day PO every 7 days up to 150-200 mg/day. In patients who have persistent night pain and/or morning stiffness, administer a large portion of the total daily dose, up to 100 mg/dose, at bedtime. Sustained release capsules (75 mg): Initially, 75 mg PO daily. Use the regular-release capsules to provide a higher dose, if needed. If 150 mg daily is tolerated and is needed, a 75 mg sustained-release capsule PO bid may be used. 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. Sustained-release capsules (75 mg): 75 mg PO 1-2 times per day. I respectfully disagree with the UR physician. A rationale for denial was not provided in the documentation submitted for review. An anti-inflammatory medication is indicated for the injured worker's low back pain. The request is medically necessary.