

<b>Case Number:</b>	CM14-0101781		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year-old male. The patient's date of injury is 11/18/2011. The mechanism of injury is not stated. The patient has been diagnosed with low back pain, post-laminectomy syndrome, and status post lumbar spine surgery. The patient's treatments have included surgical intervention, imaging studies, nerve conduction studies, and medications. The physical exam findings, dated 6/4/2014 show the lumbar spine range of motion with flexion at 70/90 degrees without pain, and extension at 20/30 degrees without pain. There is no tenderness noted in the lumbar or paraspinal muscles of the lumbar. There is no spasm noted in the thoracic or lumbar paraspinal muscles. Strength is noted as 5/5 in the lower legs. Straight leg and Lasegue test are reported as normal. The patient's medications have included, but are not limited to, Indocin, Medrol dose pack. The request is for Indocin SR. It is unclear when this medication was used and what the outcomes included, as this is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Indocin SR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's. Decision based on Non-MTUS Citation (ODG), ODG - NSAIDs.

**Decision rationale:** MTUS and ODG treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Indocin SR. Documentation must be supplied that other "Y" medications have been failed, and there also must be documentation of why this medication is of benefit to the patient in order for this request to be medically necessary. According to the clinical documentation provided and current MTUS guidelines; Indocin is not indicated as a medical necessity to the patient at this time.