

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/28/2013
Date of Injury:	4/16/2013
IMR Application Received:	6/5/2013
MAXIMUS Case Number:	CM13-0000575

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 Lodine (Etodolac) 400mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/5/2013 disputing the Utilization Review Denial dated 5/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 Lodine (Etodolac) 400mg **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient is a 24-year-old female who reported a work-related injury on 04/16/2013, specific mechanism of injury not stated. However, the clinical note dated 06/18/2013 reports the patient was seen under the care of Dr. [REDACTED] for bilateral wrist pain, left greater than right. The provider documents the patient reports her pain increases at night. Symptomatology includes numbness, tingling, and weakness to the bilateral upper extremities. The patient additionally reported low back pain complaints and occipital headaches. The provider recommended the following treatment, electrodiagnostic studies of the bilateral upper extremities, continued utilization of tryptophan and Lodine, internal assessment for medical causes of anxiety and psychiatric consults.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 60 Lodine (Etodolac) 400mg :
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide guidelines from which to base its decision. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Etodolac, page 71, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

California MTUS indicates, "Lodine is in a non-selective NSAIDs drug class, with a mechanism of action to inhibit prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2 which results in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation." The medical records submitted indicated the request received an adverse determination on 05/28/2013 due to a lack of documentation of efficacy of treatment with the employee's utilization of this medication. The clinical note dated 07/17/2013 reported an appeal of the denial; however, the provider only addressed the denial of the electrodiagnostic studies and did not address the employee's medication. The clinical notes reviewed failed to document the employee's average rate of pain on the pain scale and efficacy with utilization of this medication. The request for 60 Lodine (Etodolac) 400 mg **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.