
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

7/16/2003

7/22/2013

CM13-0001982

- 1) MAXIMUS Federal Services, Inc. has determined the request for Etodolac 300mg #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 Etodolac 300mg #90 **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 Physical Medicine and Rehabilitation 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

"Clinical Rationale: The patient is a 56 year old male with a date of injury of 7/16/2003. The provider has submitted prospective requests for one prescription of Lyrica 150mg #60, one prescription of Etodolac 300mg #90 and one prescription of Percocet 10/325mg #90. A review of the documentation, dated 6/27/2013 by Dr. [REDACTED], M.D., noted that the patient reported constant low back pain with radiation to both lower extremities. He rated pain as 4/10, 5/10 on average with medications and 10/10 without medications, as well as increased function with medications, such as ability to perform daily activities, cooking, cleaning, and household chores. Objectively, he presented with normal strength bilateral lower extremities except decreased right ankle dorsiflexion on the right side, and positive straight leg raise bilaterally at 30-45 degrees. The patient was diagnosed with post-laminectomy syndrome, lumbar sprain, lumbar degenerative disc disease and lumbar disc displacement. Documentation noted past treatment consisted of physical therapy and epidural steroid injections with minimal pain relief, as well as medications and psychiatric treatment."

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 for Independent Medical Review (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Medical Records provided by the claims administrator and the employee's attorney

- Medical Treatment Utilization Schedule

1) Regarding the request for Etodolac 300mg #90:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), NSAIDs, (page number not cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines the Chronic Pain Medical Treatment Guidelines, (2009), NSAIDs, page 71, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 7/16/03. The submitted and reviewed medical records document low back pain which radiates to both lower extremities. The records indicate diagnoses include: lumbar sprain, lumbar degenerative disc disease, lumbar disc displacement and post-laminectomy pain syndrome, lumbar region. Prior treatment has included medications, physical therapy, and epidural steroid injections. A request has been submitted for Etodolac 300mg #90.

MTUS Chronic Pain guidelines recommend anti-inflammatories for osteoarthritic symptoms with moderate to severe back pain, acute exacerbations of chronic pain and chronic low back pain. Etodolac is in a class of medications specified as nonsteroidal anti-inflammatories (NSAID). The guidelines indicate that there is a lack of efficacy in managing long-term neuropathic pain with anti-inflammatories. The reviewed medical records document the employee experiences neuropathic pain of a chronic nature, but there is no evidence of osteoarthritis to support long-term use of this medication. The request for Etodolac 300mg #90 **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

/srb

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.