

Case Number:	CM13-0041263		
Date Assigned:	12/20/2013	Date of Injury:	10/31/2006
Decision Date:	04/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/13/2013

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 Occupational Medicine 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 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 47 year old female with date of injury 10/31/2006. The most current primary treating physician's progress report dated 8/06/2013, states subjective complaints as neck, right shoulder, and hand pain, with numbness and tingling in the right hand. No physical examination was performed, but patient partook in a discussion about her current medical regimen. The diagnosis include joint pain- shoulder, cervical disc degeneration, cervical disc displacement, psychogenic pain, anxiety and depressive disorder. The medical record provided documents that the patient has been taking the following medication for at least back to 8/30/2012. The patient's medications include Etodolac 300mg capsule SIG: 1 tablet every 8 hours as needed for pain, Norco 10-325 tablet mg SIG: 1 tablet every 4-6 hours as needed for pain, Tizanidine Hcl 4mg tablet SIG: 1 tablet every 6 hours as needed, Banalg Liniment 14-3% SIG: Apply to affected area daily as needed, Etodolac 300mg capsule SIG: 1 tablet every 8 hours as needed for pain and Norco 10325 tablet mg SIG: 1 tablet every 4-6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ETODOLAC 300MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines,NSAIDs. Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Page(s): 67-73.

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation of functional improvement. Etodolac is not medically necessary.

TIZANIDINE HCL 4MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants. Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, Page(s): 63.

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. There is no recent documentation of muscle spasm. Tizanidine is not medically necessary.

BENALG OINTMENT 14-3% #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

Decision rationale: Benalg ointment is a topical analgesic which the ODG states are largely experimental in use with the randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Benalg ointment is not medically necessary.