

Case Number:	CM13-0064858		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2011
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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:

According to the records made available for review, this is a 36-year-old female with a 7/1/11 date of injury. At the time of request for authorization for Etodolac (Lodine) 400 MG, there is documentation of subjective (right shoulder pain) and objective (tenderness to palpation over the proximal aspect of the tendon of the supraspinatus, superior lateral shoulder, and the distal AC joint; flexion at 20 degrees and abduction at 10 degrees; and tenderness to palpation over the lateral epicondyle and the extensor group of the forearm) findings, imaging findings current diagnoses (shoulder pain, rotator cuff tendinitis, status post right shoulder surgery, right elbow pain, lateral epicondylitis, and wrist flexor/extensor tendinitis), and treatment to date (medications (including ongoing use of Etodolac)). There is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain; and functional improvement with previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac (Lodine) 400 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, rotator cuff tendinitis, status post right shoulder surgery, right elbow pain, lateral epicondylitis, and wrist flexor/extensor tendinitis. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, despite documentation of ongoing use of Etodolac, there is no documentation of functional improvement with previous use. Therefore, based on guidelines and a review of the evidence, the request for Etodolac (Lodine) 400 MG is not medically necessary.