MAXIMUS Federal Services

Case Number:	CM14-0107317		
Date Assigned:	08/01/2014	Date of Injury:	10/17/2010
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on October 7, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of chronic right-sided knee pain as well as low back pain. Current medications include etodolac, Flector patches, sumatriptan, clonazepam, and tramadol. Pain level is stated to be 8-9/10 without medications and 4-6/10 with medications. The physical examination demonstrated decreased range of motion of the cervical spine. There was tenderness along the joint lines of the right knee and a positive McMurray's test. Physical examination of the lumbar spine also noted decreased range of motion and tenderness along the facet joints and right SI joint. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for etodolac and Flector patches and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines anti-inflammatories such as etodolac are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. This request does not state what the dosage is for the requested medication. Additionally it has been prescribed for an extended period of time with no documentation of its efficacy. Considering this, the request for etodolac is not medically necessary.

Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. As such, the request is not medically necessary.