

Case Number:	CM14-0127398		
Date Assigned:	08/15/2014	Date of Injury:	06/16/2011
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 & 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 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 injured worker is a 34-year-old male who reported an injury on 06/16/2011. The mechanism of injury was not provided. On 08/14/2014 the injured worker presented with low back pain. Upon examination the injured worker was confused and depressed, with memory impairment. There was an antalgic gait, favoring the right side, and a forward flexed body posture, with elevated shoulder on the right, and leaning on the left while sitting. There was tenderness to palpation and muscle tenderness in the longissimus thoracic without trigger point twitch, and muscle contraction reproduced pain. There was tenderness to palpation noted over the lumbar spine midline and guarded movements were noted. Current medications included etodolac 300 mg, Norco 10 mg, and trazodone 15 mg. The diagnoses were degeneration of cervical intervertebral discs, old medial collateral ligament disruption, degeneration of lumbar intervertebral discs, and depressive disorder. The provider recommended etodolac and Norco. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of documentation in the medical records provided of a complete and adequate pain assessment, and the efficacy of the prior use of the medication was not provided. The provided medical documents reveal that the injured worker has been prescribed etodolac since at least 09/2012. However, the efficacy of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 06/23/2013. However, the efficacy of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.