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| Case Number: | CM14-0182259 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 10/18/2012 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 American Board of Family Practice 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:

44-years-old male claimant sustained a work injury on 10/18/12 involving the low back. He was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease and sacroilitis. A progress note on 9/24/14 indicated the claimant had 6/10 pain. Exam findings were notable for spasms in the lumbar paraspinal region and a leg length discrepancy on the left leg. He was treated with Etodolac 300mg twice per day. He had been on Etodolac since at least July 2014 at which time his pain and exam findings were similar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolace 300mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Ankle and Foot

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

Decision rationale: Etodolac is an NSAID. According to the MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. They are: recommended as a second-line treatment after acetaminophen. A Cochrane review of the literature on drug relief

for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Etodolac for several months without significant change in pain or function. There was no documentation of Tylenol failure. Continued use of Etodolac is not medically necessary.