

Case Number:	CM14-0033724		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2005
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 42-year-old female who reported an injury on 05/16/2007 of unknown mechanism. On 08/18/2008 the injured worker had an MRI that revealed left L5/S1 paracentral disc protrusion with moderate lateral recess and foraminal stenosis, small left L4/5 disc protrusion with mild forminal stenosis. On 02/28/2014 the injured worker complained of chronic low back pain. On the physical examination done on 02/28/2014 the cervical spine and lumbar spine was normal with no range of motion noted. The injured worker medication included Methadone 10 mg. Cymbalta 60 mg, Dulcolax 5 mg, OxyContin 15mg and Etodolac 500 mg. The injured worker diagnoses included long-term med use methadone, myalgia and myositis unspecified, constipation, lumbosacral spondylosis, radiculitis/neuritis, thoracic or lumbar, lumbar/sac disc degeneration, arthrodesis status, spinal stenosis lumbar and overweight and obesity. The treatment plan included a decision for Etodatac 500 mg #60. The authorization for request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodotac 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, specific drug list & adverse effects page(s) 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, specific drug list & adverse effects page(s) 71.

Decision rationale: The request for Etodotac 500 mg #60 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines states that. Etodolac (Lodine, Lodine XL, generic available): Dosing Lodine: Osteoarthritis: 300mgPO 2-3 times daily or 400 - 500mg twice daily (doses > 1000mg/day have not been evaluated).Lodine-XL: Osteoarthritis: 400 to 1000 mg once daily. A therapeutic response may not be seen for 1-2 weeks. The documents that were provided lacked evidence of the injured worker VAS Scale measurement, conservative care, range of motion and medication/pain management. There was a lack of evidence provided of the efficacy and the therapeutic response of the medication being requested for the injured worker or adverse side effects for the medications the injured worker is prescribed. In addition, the request did not provide the frequency on how the injured worker is supposed to take Etodotac 500 mg #60 per day. Given the above the request for Etodotac 500 mg #60 is not medically necessary.