Case Number:	CM14-0047159		
Date Assigned:	07/02/2014	Date of Injury:	11/13/2013
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 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:

According to the records made available for review, this is a 47-year-old female with an 11/13/13 date of injury. At the time (3/28/14) of the request for authorization for Etodolac ER 600 mg #30 with 2 refills, there is documentation of subjective (chronic pain symptoms involving the right shoulder, upper back, and neck with radiation down the right side of the back) and objective (widespread myofascial tenderness and trigger point tenderness throughout the right side of the neck, shoulder, and upper back region, significant trigger points around the scalene muscles and pectoralis muscles as well) findings, current diagnoses (fibromyositis and myalgia myositis unspecified), and treatment to date (medication including Etodolac for at least 4 months). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Etodolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodoiac ER 600 mg. # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 103-105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of fibromyositis and myalgia myositis unspecified. In addition, there is documentation of chronic pain and treatment with Etodolac for at least 4 months. However, given documentation of treatment with Etodolac for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Etodolac. Therefore, based on guidelines and a review of the evidence, the request for Etodolac ER 600 mg #30 with 2 refills is not medically necessary.