

Case Number:	CM14-0050687		
Date Assigned:	06/23/2014	Date of Injury:	03/26/1997
Decision Date:	08/13/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/21/2014

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, has subspecialties in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 3/26/97. He was seen by the requesting provider on 2/10/14. He had been taking an antiinflammatory medication for chronic right heel pain. He had stopped taking the medication and then had a recurrence of pain and wanted to restart it. His past medical history included benign prostatic hypertrophy and hypertension. Medications were Flomax, phenytoin ER, Proscar, amlodipine, Flonase, and fluticasone nasal spray. Physical examination findings included a height of 5 feet, 8 inches and weight 185 pounds which corresponds to a BMI of 28.1 and a diagnosis of obesity. There was mild tenderness of the right calcaneus. Amlodipine was prescribed. His other medications were refilled. The assessment references a diagnosis of multi-joint degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac ER 400MG #120 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-71, 79. Decision based on Non-MTUS Citation California Medical Board Guidelines for Prescribing Controlled Substances for Pain.

Decision rationale: The claimant is status post work-related injury occurring more than 15 years ago. He is being treated for chronic pain and had a positive response to an antiinflammatory medication he was taking. After discontinuing the medication, he had increased pain which would indicate that it had been effective in treating his condition. There are no reported adverse medication side effects. Guidelines recommend the use of NSAIDs (nonsteroidal antiinflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis. Dosing with Etodolac includes the requested 400 mg two times per day. Therefore, the Etodolac ER 400mg #120 is medically necessary. Medication refills are addressed under the section on opioid management. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. In this case, the claimant's condition and treatment with an NSAID are chronic. Review of this medication can appropriately occur on a semiannual basis. As such, the request is medically necessary.