

Case Number:	CM14-0057195		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2013
Decision Date:	09/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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:

This is a 52-year-old female with a 5/13/13 date of injury; the mechanism of the injury was not described. The patient underwent left knee arthroscopy for medial meniscal tear on 10/01/13. The progress note dated 10/31/13 stated that the patient was taking Etodolac 300mg twice daily as needed and Vicodin 5 mg-300mg 1 tablet every 8 hours. In February the Etodolac was noted to result in a 100% improvement in pain. The patient was seen on 4/10/14 with complaints of increasing left knee pain, low back pain, depression and poor sleep. The patient's current medications were Etodolac 300mg and Vicodin. Exam findings revealed tenderness over the left knee and left knee effusion. The patient was seen on 5/9/14 with complaints of 5/10 left knee pain associated with swelling, joint stiffness, joint tenderness and weakness in the left lower extremity. The pain interfered with the patient's sleep and she felt depressed. The patient stated, that Etodolac reduced her pain by 50% and helped reducing the swelling. The exam findings revealed an overweight female with antalgic gait favoring left side, swelling over the left knee and tenderness to palpation over the left knee. The diagnosis is osteoarthritis in the lower leg; status post left knee arthroscopy and shoulder arthroscopy and depression. Treatment to date: physical therapy, pain psychotherapy, medications, left knee arthroscopy and shoulder arthroscopy. An adverse determination was received on 4/17/14 given that the patient exceeded the recommended length of the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS).

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. This patient had a left knee meniscectomy has been on Etodolac for at least 8 months post op and has noticed a significant reduction in pain with regard to the osteoarthritis in her knee, between 50-100%. She noted the swelling to be the major cause of her pain. This NSAID is specifically use for osteoarthritis and is meant to reduce inflammatory responses such as swelling which in turn reduce pain. The recommended dose is 400 to 1000 mg daily for osteoarthritis and the patient is at 600 per day, which is greatly controlling her symptoms. She is not at the maximum daily dose, has been on the medication for 8 months, and there have been no side effects (i.e. GERD, peptic ulcer disease), or incidences of GI bleed or GI side effects. In addition, she is also on Norco one tablet nightly for pain. As the Etodolac as greatly controlling her symptoms, discontinuing this medication could result in a higher need for opiates to control her pain. This medication is appropriate in this case. Therefore, the request for Etodolac 300mg #60 with 5 refills as submitted was medically necessary.