

Case Number:	CM14-0069973		
Date Assigned:	07/14/2014	Date of Injury:	10/22/2009
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 66-year-old male who was reportedly injured on 10/22/2009. The mechanism of injury was not listed. The most recent progress note dated 4/24/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation over the paraspinal muscles and facet joints bilaterally. Positive trigger points noted over lower paraspinals, 2+ muscle spasm overload over paraspinal muscles as well. Positive reversal lumbar lordosis was also noted on physical exam. Range of motion mildly limited in all planes and pain at the end range. Slump test positive bilaterally. Bilateral lower extremities had positive tenderness to palpation over the hamstrings. No recent diagnostic studies were available for review. Previous treatment included lumbar surgery, medications, and conservative treatment. A request was made for Etodolac 300 mg #60 with 2 refills and was not certified in the pre-authorization process on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic low blood pressure (LBP) and of antidepressants in chronic LBP. After review of the medical records provided, it is noted the injured worker has been on this medication for a significant time. There is no evidence of re-evaluation documenting control pain as well as improvements in function from the use of this medication. Therefore, continued use is deemed not medically necessary at this time.