

<b>Case Number:</b>	CM14-0186854		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/26/1999
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Preventive Medicine and is licensed to practice in New Hampshire, New York and 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 injured worker is a 62-year-old female who reported injury on 03/26/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spinal discopathy, facet arthropathy, right lateral epicondylitis and recurrent right wrist carpal tunnel syndrome. Past medical treatment consists of surgery, physical therapy, acupuncture therapy and medication therapy. Medications consist of Omeprazole, Risperdal, Xanax, Ambien, Buspirone and Tramadol. No UAs or drug screens were submitted for review. On 09/19/2014, the injured worker complained of right wrist pain. It was noted on physical examination that she rated the pain at a 9/10. There was tenderness to palpation to the dorsal and volar aspects of the thenar eminence. There was pain to the extensor muscles on the right upper extremity and forearm. Range of motion was reduced. There was decreased grip strength. There as decreased median nerve sensation. The injured worker was also noted to have a positive Tinel's sign and Phalen's sign. The medical treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac ER 400mg QD #40 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 70.

**Decision rationale:** The request for etodolac ER 400 mg is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial trial for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renal vascular risk factors. In patients with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation did not indicate that the injured worker had a diagnosis congruent with the above guidelines. Additionally, the guidelines recommend etodolac at the lowest dose for the shortest period of time in patients with moderate to severe pain. The request, as submitted, is for etodolac ER 400 mg daily with a quantity of 40 with 3 refills, exceeding guideline recommendations for short term use. Furthermore, there was no rationale submitted for review indicating how the provider felt the etodolac ER tablets would be beneficial to the injured worker. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.