

Case Number:	CM14-0201697		
Date Assigned:	12/11/2014	Date of Injury:	03/29/1999
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Acupuncture & Pain 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:

The injured worker is a 64 year old female who reported a work related injury on 3/29/1999 after sitting in a chair which broke, causing her to fall to the floor. She was evaluated on 3/18/2014 and had a physical performance evaluation (PPE) done due to complaints of constant pain in the right shoulder, cervical spine and lumbar spine, described as stabbing, dull, aching and stiffness. It is exacerbated by activities. The injured worker said the pain radiates to the right arm from the cervical spine and to the bilateral knees from the lumbar spine. She is not working in any capacity at this time. Examination showed moderate signs of decreased functional ability. The Utilization Review dated 11/5/2014 non-certified a request for Etodolac 400mg #90 as per MTUS guidelines which do not recommend long term Opioids and as there is no current evaluation for review or documentation or rationale for the requested medication required for treatment of the injury of 3/29/1999.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111.

Decision rationale: Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand it should be noted that there are no placebo trials of efficacy and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. Etodolac is indicated for the injured worker's shoulder and back pain. I respectfully disagree with the UR physician's assertion that opiate therapy was not warranted. The requested medication is an NSAID. The request is medically necessary.