

Case Number:	CM14-0040209		
Date Assigned:	06/27/2014	Date of Injury:	02/19/2010
Decision Date:	01/07/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/04/2014

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 Internal 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 (IW) is a 42-year-old woman with a date of injury of February 19, 2010. The mechanism of injury was not documented in the medical record. The IW was diagnosed with degenerative osteoarthritis of the left shoulder, brachial plexus injury, pain disorder with psychological/general medical condition, and insomnia associated with chronic pain. Pursuant to the sole progress note in the 44 page medical record dated March 13, 2014, the IW complains of left shoulder pain. She reports that the Norco, Gabapentin, and Triazolam provide effective pain control. She is working full time. The provider reports that the IW has progressive, disabling, chronic pain worse in the region of her left shoulder/neck, and left arm. She appears to have inflammation and nerve pain components. Treatment plan recommendations include continue current medications for pain control. Current medications include Norco 10/325 mg, Gabapentin 600 mg, Triazolam 0.25 mg, Escitalopram 10 mg, Tizanidine 2 mg, Etodolac 300 mg, and Medroxin pain relief ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Etodolac (Lodine) 300 mg is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Non-steroidal anti-inflammatory drugs are superior to acetaminophen; however, they are associated with gastrointestinal, cardiovascular and renal vascular risk factors. The main concern with non-steroidal anti-inflammatory drugs is adverse effects. In this case, the injured worker is being treated for chronic left shoulder pain, degenerative arthritis, pain disorder and insomnia. The date of injury was February 19 2010. The worker was also taking Norco, Triazolam and Gabapentin and is working full-time. The record reflects Etodolac was being used by the injured worker as far back as March 2014. There is no other clinical documentation in the 44 page medical records to support the prolonged use of this medication. There is no compelling clinical documentation to support its use and consequently, Etodolac 300 mg is not medically necessary.