

<b>Case Number:</b>	CM14-0092739		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male sustained a work related injury on 05/21/2010. The injury occurred while picking up a very beam on a roof while working on a roof. According to a progress report dated 05/09/2014, the injured worker complained of low back and left lower extremity pain. Pain was partially relieved by the use of his analgesic medications and various types of injection therapy. He was able to perform activities of daily living better with current treatments. Current medications included Medrox ointment, Omeprazole, Temazepam, Etodolac, Norco, Zofran, Prozac and Wellbutrin. The injured worker was on temporary disability due to the painful condition. Diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbago, myalgia and myositis not otherwise specified, electronic prescribing enabled, depressive disorder not elsewhere classified, sleep disturbance not otherwise specified and encounter for long-term use of other medications. On 05/22/2014, Utilization Review modified the request for Etodolac 400mg #60 with (3) refills to allow for intermittent use to Etodolac 400 mg #60 with no refills. According to the Utilization Review physician, there was no support for the chronic daily use of nonsteroidal anti-inflammatories in the treatment of low back pain, especially if there were any gastrointestinal side effects. Efficacy of daily use was not shown and recommendations are to utilize NSAIDS for the shortest period of time necessary; they are more effective than many other medications, including Acetaminophen, opioids and muscle relaxants. Guidelines cited for this review included CA MTUS Chronic Pain Treatment Guidelines page 64. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 400mg #60 with 3 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22,60.

**Decision rationale:** The patient presents with low back pain and left lower extremity pain. The request is for ETODOLAC 400 MG #60 WITH 3 REFILLS. The patient has been taking this medication as early as 01/03/14. Regarding NSAID's, MTUS page 22 states "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. 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 nonsteroidal anti-inflammatory drugs in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Both the 02/28/14 and 05/09/14 reports state that the patient reports "use of their medication does produce an appreciable degree of pain relief. The medication regimen allows them to achieve a higher degree of daily function. They feel that they have worse pain and are able to do less when they do not take their medications." The 04/11/14 report indicates that the "medications provide them with a significant degree of pain relief and are able to identify objective evidence of improved function as a result of using their medications." In this case, the patient complains of low back pain and left lower extremity pain. Although the treater provides general statement about the patient's medication regimen, there are no statements regarding how Etodolac has specifically impacted the patient's pain and function. Furthermore, the patient has been taking this medication as early as 01/03/14 on a long term basis, which is not indicated by MTUS guidelines. The requested Etodolac IS NOT medically necessary.