

Case Number:	CM15-0132586		
Date Assigned:	08/19/2015	Date of Injury:	07/28/1998
Decision Date:	09/15/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on July 28, 1998. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included MRI, medications, surgery, physical therapy and trigger point injections. Currently, the injured worker complains of neck, low back and left shoulder pain. She also reports decreased range of motion and sleep disturbance due to pain. The injured worker is currently diagnosed with cervicgia. Her work status is modified duty. A progress note dated March 26, 2015, states the injured worker experienced relief from left hand surgery. It also states the injured worker experienced pain relief from trigger point injections. The medication, Lodine 400 mg #60, is requested to reduce inflammation and alleviate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 400mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work-related injury in July 1998 and is being treated for neck, low back, and left shoulder pain. Treatments have included an anterior cervical decompression and fusion and in December 2014 she was treated for a left wrist / hand injury. When seen, there was decreased cervical spine range of motion with tenderness and muscle spasms and trigger points. There was decreased lumbar spine range of motion with tenderness. There was decreased and painful shoulder range of motion and decreased left wrist range of motion. She was wearing a left wrist brace. Medications were continued. The assessment references an episode of left forearm swelling occurring during a work shift. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant has a history of a wrist injury with swelling during work. Recommended dosing of Lodine (etodolac) is 300 mg 2-3 times daily or 400 - 500 mg twice daily. The requested dosing is within guideline recommendations. The request is medically necessary.