

Case Number:	CM15-0213174		
Date Assigned:	11/03/2015	Date of Injury:	03/26/2001
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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:

This 66 year old man sustained an industrial injury on 3-26-2001. Diagnoses include chronic pain syndrome, cervicgia, low back pain, chronic fatigue, myalgia, sacroiliitis, cervical disc disorder, lumbar intervertebral disc degeneration, major depressive disorder, muscle contracture, post-laminectomy syndrome, and sprain of ligaments of lumbar spine. Treatment has included oral medications including Simvastatin, Paxil, Oxycontin, and Etodolac (since at least 10-2008), Voltaren, Wellbutrin, Latuda, and Oxycodone. Physician notes dated 10-9-2015 show complaints of neck and low back pain with radiation to the bilateral lower extremities. The physical examination shows paraspinal muscle spasms in the lumbar region with straightening of lumbar lordosis. Recommendations include activity restrictions, continue home exercise program, continue current medication regimen, traction, future consideration of trigger point injections, pain psychology-psychiatric therapy involving biofeedback, and follow up in 12 weeks. Utilization Review denied a request for Etodolac on 10-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac ER 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001. Treatments have included multiple surgical procedures including cervical and lumbar disc replacements, a thoracic level laminectomy with discectomy and decompression, and bilateral arthroscopic shoulder surgery. He continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Medications are referenced as helping to decrease his symptoms. He was seen in October 2015 for medication refills. He was having neck and low back pain and lower extremity pain. He was being treated for chronic pain and insomnia. Physical examination findings included a body mass index over 28. He had bilateral lumbar paraspinous tenderness with muscle spasms and straightening of the lumbar lordosis. Etodolac is being prescribed. Immediate and extended release preparations are being requested. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Etodolac is 300 mg 2-3 times daily or 400 - 500 mg twice daily. Recommended dosing of extended release Etodolac is 400 to 1000 mg once daily. In this case, the claimant has chronic persistent pain and medications are reported as providing benefit. The maximum dose of 1000 mg per day is being prescribed and is within guideline recommendations. Generic medication is available. Continued prescribing is medically necessary.

Etodolac 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001. Treatments have included multiple surgical procedures including cervical and lumbar disc replacements, a thoracic level laminectomy with discectomy and decompression, and bilateral arthroscopic shoulder surgery. He continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Medications are referenced as helping to decrease his symptoms. He was seen in October 2015 for medication refills. He was having neck and low back pain and lower extremity pain. He was being treated for chronic pain and insomnia. Physical examination findings included a body mass index over 28. He had bilateral lumbar paraspinous tenderness with muscle spasms and straightening of the lumbar lordosis. Etodolac is being prescribed. Immediate and extended release preparations are being requested. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Etodolac is 300 mg 2-3 times daily or 400 -

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