

Case Number:	CM15-0215394		
Date Assigned:	11/05/2015	Date of Injury:	08/09/2001
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 9, 2001. In a Utilization Review report dated October 26, 2015, the claims administrator approved a request for tizanidine and osteopathic manipulative therapy while failing to approve request for Lodine. The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 27, 2015, the applicant reported ongoing issues with chronic low back pain radiating to bilateral lower extremities. The note was very difficult to follow as it mingled historical issues with current issues. The applicant was ambulating normally, the treating provider reported. The applicant was apparently attending nursing school, it was stated in one section of the note, while another section stated that the applicant had graduated from nursing school and had found a new job working 40 hours a week. The applicant's medications included naproxen, Lodine, Motrin, Norco, and tizanidine, it was stated in one section of the note. Toward the bottom of the note, tizanidine, Lodine, Norco, and osteopathic manipulative therapy were endorsed while the applicant was apparently returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for etodolac (Lodine), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Lodine (etodolac) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider's October 20, 2015 office visit seemingly suggested that the applicant was using 3 separate anti-inflammatory medications, Lodine, naproxen, and Motrin. A clear rationale for concurrent usage of 3 separate anti-inflammatory medications was not furnished here. Therefore, the request was not medically necessary.