

Case Number:	CM15-0042999		
Date Assigned:	03/13/2015	Date of Injury:	09/17/2012
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 31-year-old male, with a reported date of injury of 09/17/2012. The diagnoses include left tibial/fibula fracture, chronic pain, and disturbed skin sensation of the left leg. Treatments to date included left leg surgery, physical therapy, and medications. The Doctor's First Report dated 01/26/2015 indicates that the injured worker complained of left leg pain with numbness. The average pain was rated 5 out of 10. He was able to perform all activities of daily living and able to perform regular work. The physical examination showed swelling and mild redness of the distal left leg, decreased left foot range of motion, moderate tenderness of the left distal leg/tibia, and decreased light touch to pin prick in the left thigh and distal lower extremity. The treating physician requested Etodolac 400mg with two refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400 mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Etodolac 400 mg with 2 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has left leg pain with numbness. The treating physician has documented swelling and mild redness of the distal left leg, decreased left foot range of motion, moderate tenderness of the left distal leg/tibia, and decreased light touch to pin prick in the left thigh and distal lower extremity. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Etodolac 400 mg with 2 refills is not medically necessary.