

<b>Case Number:</b>	CM15-0048133		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/28/1993
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Internal 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 70-year-old male who sustained a work related injury on July 28, 1993, incurring back injuries. Treatment included physical therapy, epidural steroid injections, cortisone injections and medications. He was diagnosed with degenerative disc disease. Currently, in January 2015, the injured worker complained of low back pain with left leg pain. He was diagnosed with acute exacerbation of chronic low back pain due to multiple ligamentous injuries. Authorization was requested for a prescription of Lodine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodine 400 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, back pain, neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004)

indicates that NSAIDs are recommended for low back conditions. The primary treating physician's progress report dated 1/27/15 documented low back complaints. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The MRI magnetic resonance imaging dated 9/11/14 demonstrated pathology of the lumbar spine. ACOEM guidelines supports the use of the nonsteroidal anti-inflammatory drug NSAID Loline for low back conditions. Therefore, the request for Loline (Etodolac) is medically necessary.