

Case Number:	CM14-0118413		
Date Assigned:	08/29/2014	Date of Injury:	06/25/2011
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 28-year-old female with a 6/25/11 date of injury. At the time (7/10/14) of request for authorization for Etodolac 500mg #60 with 2 refills between 7/10/2014 and 10/16/2014, there is documentation of subjective (marked improvement in low back pain, continues to walk about 3 hours per day for exercise, and experiencing a flare-up of back pain once or twice a week) and objective (no pertinent findings) findings, current diagnoses (degeneration of cervical intervertebral disc, degeneration of thoracic intervertebral disc, degeneration of lumbar intervertebral disc, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Etodolac and Lidoderm patch) and home exercise program). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Etodolac use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 500mg #60 with 2 refills between 7/10/2014 and 10/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of cervical intervertebral disc, degeneration of thoracic intervertebral disc, degeneration of lumbar intervertebral disc, and chronic pain syndrome. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Etodolac, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Etodolac use to date. Therefore, based on guidelines and a review of the evidence, the request for Etodolac 500mg #60 with 2 refills between 7/10/2014 and 10/16/2014 is not medically necessary.