

<b>Case Number:</b>	CM14-0120817		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/17/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Medicine and is licensed to practice in Florida. 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:

The injured worker is a 55-year-old female who reported an injury on 06/17/2010, the mechanism of injury was not provided. On 06/23/2014, the injured worker presented with pain in the right knee. Upon examination of the right knee, the range of motion was 0 to 85 degrees with firm endpoint, good patella tracking, minimum tenderness in the peripatellar tissues. The diagnoses were degenerative joint disease of the right knee status post TKR, post-TKR arthrofibrosis status post MUAs. The current medications included etodolac and Prilosec. The provider recommended etodolac 500 mg and omeprazole 20 mg. The provider's rationale was not provided. The Request for Authorization form was dated 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 500mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for etodolac 500 mg, with a quantity of 60 and 3 refills is non-certified. California MTUS Guidelines state that all NSAIDs are associated with risks of

cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. The injured worker has been prescribed etodolac since at least 2012. Long-term use of this medication is not supported. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

**Omeprazole 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The included documentation does not indicate the injured worker has dyspepsia secondary to NSAID therapy or is at moderate to high risk for gastrointestinal events. Additionally, the provider's request does not indicate the frequency of that medication in the request as submitted. As such, the request is non-certified.