

Case Number:	CM14-0119063		
Date Assigned:	10/13/2014	Date of Injury:	10/22/2009
Decision Date:	01/02/2015	UR Denial Date:	07/15/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67 year old with an injury date on 10/22/09. Patient complains of ongoing low lumbar pain with bilateral leg pain per 7/8/14 report. Patient is preparing for medical/psychological clearance before surgery per 7/3/14 report. Based on the 7/3/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar post laminectomy syndrome 2. degeneration of intervertebral disc 3. degeneration of cervical intervertebral disc 4. psychalgia 5. depressive disorder 6. chronic pain syndrome Exam on 7/3/14 showed "L-spine range of motion normal. Normal sensory exam." Patient's treatment history includes psychotherapy (not yet scheduled), medications, MRI L-spine, epidural steroid injections. The treating physician is requesting etodolac 300mg #50 x 2 refills. The utilization review determination being challenged is dated 7/15/14. The requesting physician provided treatment reports from 1/9/14 to 8/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #50, x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, Specific.

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The provider has asked for Etodolac 300mg #50 x 2 refills but the requesting progress report is not included in the provided documentation. Patient has been taking Etodolac since 1/9/14. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to Acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using this NSAID without documentation of pain relief or functional improvement. None of the reports from 1/9/14 to 8/13/14 discuss this medication's efficacy. Regarding medications for chronic pain, MTUS page 60 states, "A record of pain and function with the medication should be recorded." Therefore, the requested medication is not medically necessary.