

<b>Case Number:</b>	CM14-0051437		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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. 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: Preventive Medicine, Occupational 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:

According to the records made available for review, this is a 59-year-old male with a 10/1/12 date of injury. At the time (2/10/14) of request for authorization for Etodolac 400mg #60, there is documentation of subjective (ongoing left lateral elbow pain and pain in the proximal upper arm to the left lateral shoulder rated as a 5-6 out of 10) and objective (decreased elbow extension, tenderness to palpation over the left lateral epicondyle with trigger point of the wrist extensor muscles with taut band and twitch response, mild tenderness of the medial epicondyle, increased left lateral elbow pain with forced wrist extension, and positive impingement test of the left shoulder) findings, current diagnoses (left lateral and medial epicondylitis, myalgia and myositis, and left shoulder sprain), and treatment to date (acupuncture, cortisone injection to the left elbow, and ongoing therapy with Naproxen 500mg and Tramadol). Medical report identifies a request to start the patient on Etodolac. There is no documentation that the lowest effective dose is being used for all NSAIDs for the shortest duration of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68; 70.

**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. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Within the medical information available for review, there is documentation of diagnoses of left lateral and medial epicondylitis, myalgia and myositis, and left shoulder sprain. In addition, there is documentation of a request to start the patient on Etodolac. Furthermore, there is documentation of chronic pain. However, given documentation of ongoing treatment with Naproxen 500mg (NSAID), and the requested Etodolac 400mg #60 (NSAID), there is no (clear) documentation that the lowest effective dose is being used for all NSAIDs for the shortest duration of time. Therefore, based on guidelines and a review of the evidence, the request for Etodolac 400mg #60 is not medically necessary.