

Case Number:	CM15-0120459		
Date Assigned:	07/01/2015	Date of Injury:	01/29/2008
Decision Date:	09/09/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53-year-old female, who sustained an industrial injury on January 29, 2008. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, knee pain, degeneration of cervical intervertebral disc, and carpal tunnel syndrome. On June 26, 2014, electromyography/nerve conduction studies were negative for right upper extremity radiculopathy or neuropathy. The medical records refer to x-rays of the knee having been performed, but the date and results were not provided. Treatment to date has included physical therapy for the low back and knee, occupational therapy for the right wrist, a home exercise program, right wrist steroid injection, a lumbar epidural steroid injection, and medications including muscle relaxant, opioid analgesic, topical analgesic, and non-steroidal anti-inflammatory. Comorbid diagnoses included history of hypertension, diabetes, high cholesterol, sleep apnea, and asthma. Her current work status was not included in the medical records. On June 8, 2015, the injured worker complains of ongoing significant neck, mid back, and low back pain. The physical exam revealed multiple trigger points in the cervical paraspinal muscles, trapezius muscles, and lumbar paraspinal muscles. The treatment plan includes Etodolac 400mg 1 tablet twice a day as needed for 30 days with 5 refills and Cyclobenzaprine 5mg 1 tablet as needed for low back muscle spasm (maximum of 1 per day) with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68; 71.

Decision rationale: Etodolac (Lodine) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The injured worker was being treated for chronic neck, mid back, and low back pain. There was lack of documentation that the injured worker was being treated for osteoarthritis. The quantity of Etodolac that was prescribed implies long-term use, not a short period of use for an acute exacerbation of back pain or chronic low back pain. Medical necessity of the requested medication, Etodolac, has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 5 mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41-42; 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, recommends non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is recommended for short-term treatment. The injured worker has been taking Cyclobenzaprine since at least February 2015, which exceeds the guideline recommendations. In addition, the quantity prescribed implies long-term use, not a short period of use for acute pain. Therefore, the request for Cyclobenzaprine is not medically necessary.

