

Case Number:	CM15-0074478		
Date Assigned:	04/24/2015	Date of Injury:	12/20/2001
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 74 year old female, who sustained an industrial injury on 12/20/01. She reported pain in her right knee. The injured worker was diagnosed as having knee degenerative joint disease. Treatment to date has included knee replacement surgery, a right knee x-ray and NSAIDs. As of the PR2 dated 1/21/14, the injured worker reports no pain or discomfort. She is able to ambulate without any assistive device. The treating physician noted a neutral alignment, well healed incision and no pain with active range of motion. The treating physician requested to continue Etodolac 400mg #60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 74 year old female has complained knee pain since 12/20/11. She has been treated with surgery, physical therapy and medications to include NSAIDS since at least 05/2013. The current request is for Etodolac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 12 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Etodolac is not indicated as medically necessary in this patient.