

Case Number:	CM13-0016464		
Date Assigned:	11/06/2013	Date of Injury:	12/27/2003
Decision Date:	02/27/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 presents with a date of injury of 12/27/03. He has repeated traumatic injury to the upper extremities including right arm and elbow. He specifically has right ulnar nerve entrapment, tenosynovitis. He has major depressive disorder and PTSD. The exam is positive for right Phalen, right arm and hand weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Diclofenac Sodium-Misoprostol 75mg 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 Page(s): 70.

Decision rationale: The patient has not demonstrated a need for a combination medication to protect gastric mucosa. He has no history of gastrointestinal bleeding, gastritis, gastric or duodenal ulcer or nonsteroidal anti-inflammatory drug (NSAID) intolerance. The guidelines clearly contraindicate use of this medication except for specific circumstances that are not documented in this patient. Therefore, the requested Diclofenac Sodium-Misoprostol is not medically necessary or appropriate.

