

Case Number:	CM14-0161177		
Date Assigned:	10/06/2014	Date of Injury:	12/29/2001
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 29, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; shoulder corticosteroid injection therapy; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for misoprostol, stating that there was no evidence that the applicant was at heightened risk for gastrointestinal events. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported persistent complaints of low back and shoulder pain. The applicant was using naproxen, Prilosec, tramadol, baclofen, and Neurontin. The applicant had issues with dyslipidemia, hepatitis C, and hypertension, it was acknowledged. The applicant was given prescriptions for tramadol, naproxen, Elavil, and Neurontin. The applicant was also given misoprostol as a gastric protectant. The applicant had been deemed permanently disabled, it was acknowledged. The applicant was 54 years old as of the date in question, it was noted. On October 2, 2014, the applicant was given a shoulder corticosteroid injection. The applicant was also prescriptions for naproxen, tramadol, misoprostol, Elavil, and gabapentin. The applicant was deemed permanently disabled, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Misoprostol 100mcg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, misoprostol, a gastric protectant, is indicated in applicants at intermediate risk for gastrointestinal events and no evidence of cardiovascular disease. Those individuals at heightened risk of gastrointestinal events, page 68 of the MTUS Chronic Pain Medical Treatment Guidelines further notes, include those applicants who are concurrently using NSAIDs and/or corticosteroids. In this case, the applicant was concurrently using naproxen, an NSAID agent, on or around the dates the applicant concurrently received shoulder corticosteroid injection therapy, September 2, 2014 and October 7, 2014. Usage of misoprostol was indicated for gastric protectant effect, as suggested on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request of Misoprostol 100mcg is medically necessary and appropriate.