

Case Number:	CM14-0022888		
Date Assigned:	05/12/2014	Date of Injury:	12/17/2007
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 knee pain reportedly associated with an industrial injury of December 17, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis of knee arthritis; and the apparent imposition of permanent work restrictions. In a utilization review report dated February 12, 2014, the claims administrator denied a request for Arthrotec, a combination of diclofenac and misoprostol. Non-MTUS ODG Guidelines were cited in the denial, although the MTUS did address the topic. The applicant's attorney subsequently appealed. A July 15, 2013 progress note was notable for comments that the applicant was apparently working regular duty. It was stated that the applicant was a candidate for a total knee arthroscopy but was not intent on pursuing the same at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: ARTHROTEC 75MG-200MCG TAB-DISPENSED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Arthrotec section Page(s): 70-71.

Decision rationale: As noted on pages 70 and 71 of the MTUS Chronic Pain Medical Treatment Guidelines, Arthrotec is indicated for the treatment of osteoarthritis in applicants who are at high risk for developing NSAID-induced gastric ulcers or duodenal ulcers and/or other complications. In this case, however, the attending provider did not clearly state why, how, or if the applicant was in fact at higher risk for developing duodenal ulcers or other gastroesophageal issues. No rationale was provided for selection of Arthrotec over conventional, non-selective NSAIDs such as Motrin or Naprosyn. Therefore, the request is not medically necessary.