

Case Number:	CM14-0036113		
Date Assigned:	06/23/2014	Date of Injury:	01/24/1995
Decision Date:	07/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 1/24/95 after falling backwards. She was diagnosed with obesity, hypoxemia, respiratory abnormality, asthma, arthropathy, carpal tunnel syndrome, reflex sympathetic dystrophy, pelvic joint pain, lumbago, cervicgia, lumbosacral spondylosis, constipation, lumbosacral degenerative disc disease and later opioid dependence. Over the years, her chronic lower back and body pain was treated with NSAIDs, opioids, intrathecal pump, gabapentin, antidepressants, and physical therapy. She had been seeing a pain specialist for her pain medicine management whom she saw for a follow-up on 3/18/14 when she complained of her usual pain level of 8-9/10 without medication and 6/10 with her medications which included gabapentin, oxycontin, amitiza, Arthrotec, and Cymbalta. She reported ability to participate with her family and do some activities of daily living. Her medications were then recommended to be continued, including her Arthrotec, which she had been taking since at least 9/13 according to the notes provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac-Misoprostol (Arthrotec) 75/0.2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The Chronic Pain Medical Treatment Guidelines also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The Chronic Pain Medical Treatment Guidelines state that to warrant using a proton pump inhibitor (PPI) or misoprostol in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. Although this worker might be able to justify using a PPI or misoprostol due to her age and with her moderate to high dose of NSAID, however, the Diclofenac is not recommended for long-term chronic pain such as in her case. Also, not enough clear and specific documentation of functional benefit related to this medication specifically was found in the documentation provided for review. Therefore, the diclofenac/misoprostol is not medically necessary.