

Case Number:	CM14-0036257		
Date Assigned:	06/25/2014	Date of Injury:	12/03/2004
Decision Date:	08/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Practice 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 claimant is a 45-year-old female who sustained a work injury on 12/3/04 involving the low back and legs. She was diagnosed with lumbar degenerative disc disease and radiculopathy. A progress note on February 7, 2014 indicated she had recurring headaches and poor sleep quality. She continued to have back pain that radiated to both her legs. The pain has been unchanged from previous visits. She had taken Arthrotec, Vicodin and Cymbalta for pain. She had no gastrointestinal complaints or abnormal findings on physical exam of her abdomen. The physical findings were notable for reduced range of motion of her lumbar spine and positive straight leg findings on the right side. She also had paralumbar spasms. She was continued on her pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROTEC 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/arthrotec.html> Arthrotec (diclofenac sodium and misoprostol).

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

Decision rationale: According to the MTUS guidelines, Arthrotec combines a diclofenac (an NSAID) with misoprostol, an agent that inhibits basal and nocturnal gastric acid secretion and has some mucosal protective properties. It is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. In this case there was no mention of gastrointestinal bleeding or any signs and symptoms that would require gastric protection. The request for Arthrotec is not medically necessary due to lack of medical necessity of misoprostol.