

Case Number:	CM14-0044583		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2009
Decision Date:	11/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

This is a 42 year old female patient who sustained a work related injury on 8/25/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic lumbar backache, recurrent myofascial strain, and neuropathic pain. Per the doctor's note dated 3/6/14, patient has complaints of bilateral neck pain. Physical examination revealed tenderness with restricted cervical range of movements, tenderness in both upper extremities, muscle spasm, normal motor strength, and positive facet arthropathy in the neck region. The current medication lists include Skelaxin, OxyContin, Lyrica, Norco, Prilosec, and Arthrotec. In the past, she had been treated with Naproxen, Tizanidine, Oxycodone, Fentanyl, and Exalgo. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes anterior cervical discectomy and fusion at C5-C6 in October 2011; C2-3 and C3-4 right-sided facet joint median branch blocks and radiofrequency ablation in the past for the treatment of facet arthropathy; endometriosis, right shoulder surgery, gall bladder surgery in 1992, pyloric valve surgery in 1990. Any operative/ or procedure note was not specified in the records provided. The patient has had urine drug screen on 11/22/13 was consistent with current medications. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthritic 50mg 60 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): PAGE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Updated 10/06/14, Diclofenac.

Decision rationale: Arthrotec contains Diclofenac which is a nonsteroidal anti-inflammatory drug (NSAID). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." As per cited guideline "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain... The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs" In addition as per cited guideline, diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac." Diclofenac is a NSAID. Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for NSAID/Diclofenac on a daily basis with lack of documented improvement in function is not fully established. The patient's medication list also includes naproxen which is another NSAID. The response to the naproxen without the Diclofenac was not specified in the records provided. The rationale for the use of two NSAIDs is not specified in the records provided. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDs for a long period of time were not specified in the records provided. Short term or prn use of Diclofenac for acute exacerbations would be considered reasonable appropriate and necessary. HOWEVER the need for Arthrotec 50mg 60 with 2 refills, as submitted, is not deemed medically necessary. The medical necessity of Arthrotec 50mg 60 with 2 refills is not established for this patient