

<b>Case Number:</b>	CM14-0068572		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old male injured on 10/27/97 due to undisclosed mechanism of injury. Diagnoses included osteoarthritis of the right knee, hypertension, and insomnia related to chronic pain. Clinical note dated 07/14/14 indicated the injured worker presented complaining of poor control of chronic pain following discontinuation of Arthrotec, Duragesic, and Percocet prescriptions due to utilization review determination. The injured worker reported difficulty completing activities of daily living such as donning pants, socks, and shoes, and bathing himself due to pain. The injured worker complained of frequent back spasms and recurrence of daily muscle tension headaches. The injured worker rated pain 7-8/10 with decrease in pain to 6-7/10 with ibuprofen 600mg three times daily with food. The injured worker reported reticence to utilize ibuprofen due to recurrence of gastritis and heartburn following cessation of misoprostol. The injured worker reported prior good relief with Arthrotec twice daily, duragesic 100mcg patches every three days, and Percocet for breakthrough pain. The injured worker reported return of epigastric pain and heartburn despite Prilosec 20mg twice daily. The initial request for diclofenac/misoprostol was non-certified on 04/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Misoprostol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary, Arthrotec.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Combination (NSAID/GI protectant) Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, Arthrotec (diclofenac/misoprostol) is not recommended due to significant side effects and contraindications associated with medication administration. Additionally, studies have indicated that omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated. As such, Diclofenac/Misoprostol cannot be recommended as medically necessary.