

Case Number:	CM14-0070644		
Date Assigned:	07/14/2014	Date of Injury:	09/30/2008
Decision Date:	08/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Arizona. 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 44 yr. old female claimant sustained a work related injury on 10/31/07 involving the neck, back and hands. She has a diagnosis of cervical myelopathy and thoracic outlet syndrome with compression of the right median nerve. A progress note on 3/4/14 indicated the claimant had 9/10 pain with cervical spinal tenderness. The claimant had been on Anaprox and Prilosec at the time. A progress note on 4/10/14 indicated the claimant had pain with flexion of the neck, a positive Spurling's test, a positive Tinels' test on the right wrist and a limp in the right leg. The claimant was given Norco, Arthrotec and Flexeril. On 4/15/14, another treating physician had provided Anaprox along with Prilosec for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthotec 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and pg 68-73 Page(s): 68-73.

Decision rationale: Arthrotec contains Diclofenac (NSAID) and Misoprostol (for gastric protection). The claimant had already been on Anaprox and Prilosec, NSAID and a proton pump

inhibitor. According to the MTUS guidelines, no NSAID is superior to another. In addition, the need for combining Misoprostol for gastric protection is not needed in individuals where there is no history of gastrointestinal events such as bleeding. NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Diclofenac are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs and combination of multiple NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain, it is second line to acetaminophen. The use of Arthrotec is therefore not medically necessary.