

Case Number:	CM14-0081703		
Date Assigned:	07/18/2014	Date of Injury:	08/25/2009
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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:

The patient is a 43-year-old female who has submitted a claim for status post C5-6 anterior cervical discectomy and fusion (ACDF), status post fluoroscopically-guided right C2-3 and C3-4 radiofrequency ablation, bilateral lower cervical facet joint pain at C4-5 and C6-7, bilateral upper cervical facet joint pain at C2-3 and C3-4, cervical facet joint arthropathy, and cervical sprain/strain associated with an industrial injury date of 08/25/2009. Medical records from 08/05/2013 to 07/18/2014 were reviewed and showed that patient complained of neck pain graded 5-8/10. Neck pain was worse with prolonged sitting, lifting, driving, lying down, and sneezing. Physical examination revealed tenderness over the bilateral C2 to C7 paraspinal muscles and facet joints. Decreased cervical spine range of motion (ROM) was noted. Deep tendon reflexes (DTRs) of the upper extremities were 1+ bilaterally. Manual muscle testing (MMT) of the upper extremities was 5/5 throughout. Cervical facet joint provocative maneuvers were positive bilaterally. Nerve root tension signs were negative bilaterally. Results of the cervical spine magnetic resonance imaging (MRI) dated 07/26/2013 were as follows C5-6 anterior decompression and fusion in good alignment; C4-5 disc protrusion with moderate left and mild right foraminal stenosis; and straightening of the cervical lordosis. X-ray of the cervical spine dated 07/10/2013 showed prior C5-6 ACDF, otherwise normal. Of note, the patient had a history of gastritis/ gastroesophageal reflux disease (GERD) around 08/05/2013 and pyloric valve surgery in 1990. Upper gastrointestinal (GI) endoscopy dated 09/03/2013 was unremarkable. The patient does not complain of GI symptoms in the recent medical records (10/13/2013 to 04/17/2014). Treatment to date has included ACDF C5-6 (10/2011), fluoroscopically guided right C2-3 and C3-4 RFA (date not made available), Arthrotec 50mg (10/23/2013) and other pain medications such as Norco, naproxen and Percocet. Of note, the patient reported 75% pain relief and functional improvement with Arthrotec intake (05/19/2014).

Utilization review dated 05/20/2014 denied the request for Arthrotec 50mg because the guidelines do not recommend the long-term use of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec 50mg, # 60.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Arthrotec is a combination of diclofenac and misoprostol indicated for the treatment of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. As stated on pages 67-71 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Arthrotec since October 2013, reported 75% pain relief, and functional improvement attributed to its use. Patient has no recent complaints of gastrointestinal disturbances; however, a history of gastritis/ gastroesophageal reflux disease (GERD) and pyloric valve surgery puts her at risk for developing NSAID-induced gastrointestinal events. The medical necessity for Arthrotec use has been established. Therefore, the request for Arthrotec 50mg, # 60 is medically necessary.