

Case Number:	CM14-0000086		
Date Assigned:	01/10/2014	Date of Injury:	05/09/2002
Decision Date:	01/07/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work-related injury on May 9, 2002. According to a progress report dated November 11, 2013, the patient stated that the SCS was helping with his pain to some degree. He found the intensity of his constant pain in the right grin can vary depending on the day. He found Motrin had helped in the past. His pain is moderate to severe in nature. On exam, the patient transferred and ambulated with a slow and guarded gait. He was not been able to wean completely off opiates. The patient was diagnosed with reflex sympathetic dystrophy and unspecified myalgia and myositis. The provider request authorization for Diclofenac Sodium-Misoprostol.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: DICLOFENAC SODIUM-MISOPROSTOL 50-200MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium-Misoprostol is used for treatment of pain and inflammation. In this case, the patient was being prescribed Motrin and

there is no documented medical necessity for 2 concurrent NSAID's. In addition, there is no documentation of monitoring for safety and adverse reactions of the drug. Therefore, the request for Diclofenac Sodium-Misoprostol 50-200mg is not medically necessary.