

<b>Case Number:</b>	CM15-0144786		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 52 year old male, who sustained an industrial injury on 12-29-2014. Diagnoses include bilateral lumbar radiculitis and bilateral lumbar axial pain secondary to L5 pars defect with grade I anterolisthesis of L5 on the sacrum. Treatment to date has included diagnostics, epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report dated 7-17-2015, the injured worker reported no significant improvement after bilateral L5-S1 transforaminal epidural steroid injections. Overall he continues to have pain with numbness and tingling in the lower lumbar region extending bilaterally into the posterior lower limbs. Physical examination revealed no areas of tenderness in the lumbar spine, decreased range of motion and straight leg raise was positive bilaterally. The plan of care included consultation with a surgeon, physical therapy and Arthrotech, and authorization was requested for Arthrotech 50-0.2mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotech 50-0.2mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a699002.html>.

**Decision rationale:** Pursuant to [REDACTED], Arthrotec 50/0.2 mg #60 is not medically necessary. The combination of diclofenac and misoprostol is used to relieve the pain, tenderness, swelling, and stiffness caused by osteoarthritis (arthritis caused by a breakdown of the lining of the joints) and rheumatoid arthritis (arthritis caused by swelling of the lining of the joints) in patients who have a high risk of developing stomach ulcers. Diclofenac is in a class of medications called NSAIDs. It works by stopping the body's production of a substance that causes pain and inflammation. Misoprostol is in a class of medications called prostaglandins. It prevents ulcers caused by diclofenac by protecting the stomach lining and decreasing stomach acid production. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are low back pain; lumbar radiculitis; and lumbar disc displacement. The date of injury is December 29, 2014. The request for authorization is July 17, 2015. According to a June 1, 2015 progress note, subjectively the injured worker was taking Celebrex and Celebrex provided benefit. The documentation shows Celebrex was changed to Arthrotec sometime between June 1, 2015 and July 17, 2015. According to the July 17, 2015 progress note, the documentation indicates Celebrex caused an upset stomach and was discontinued. That rationale does not appear in the June 1, 2015 progress note. Additionally, there was no list in the progress note of all current medications. There was no documentation of opiate use, which might be of benefit in lieu of the injured worker's sensitivity to non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation of Celebrex failure in the June 1, 2015 progress note (that indicated the treating provider was going to continue Celebrex), no objective findings of lumbar spine tenderness on examination and the increased risk profile with diclofenac, Arthrotec 50/0.2 mg #60 is not medically necessary.