

Case Number:	CM15-0196992		
Date Assigned:	10/12/2015	Date of Injury:	05/09/2002
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/06/2015

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

Certification(s)/Specialty: Emergency 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:

This 60 year old male sustained an industrial injury on 5-9-02. Documentation indicated that the injured worker was receiving treatment for failed right inguinal hernia repair, chronic pain syndrome, sexual dysfunction and depression. Past medical history was significant for diabetes mellitus. The injured worker underwent multiple surgical procedures to address the right inguinal hernia. Recent treatment plan included spinal cord stimulator and medication management. In a PR-2 dated 3-20-15, the injured worker complained of ongoing pain rated 9 out of 10 on the visual analog scale without medications and 7 to 8 out of 10 with medications. The injured worker reported that his pain was getting worse. Medications allowed him to improve function. The injured worker stated that without medications he would not be able to do anything but lie in bed. Objective findings included weight 235 pounds, blood pressure 150 over 80 mmHg and pulse 72. The treatment plan included continuing medications (Norco, Cymbalta, Lyrica, Arthrotec and Tizanidine). In PR-2's dated 4-17-15, 5-18-15 and 7-16-15, the injured worker complained of pain 9 out of 10 without medications and 7 to 8 with medications. In a PR-2 dated 8-20-15, the injured worker complained of pain 9 out of 10 without medications and 7 out of 10 with medications. Physical exam was remarkable for hernia of the right testicle with moderate muscle spasms in the following areas: pubic and bilateral anterior pelvis and hip. The treatment plan included continuing medications (Norco, Cymbalta, Lyrica, Arthrotec and Tizanidine) and requesting a spinal cord stimulator adjustment to relieve pain. On 9-4-15, Utilization Review noncertified a request for Arthrotec 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Medications - compounded.

Decision rationale: The requested Arthrotec 50mg, #90, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications, as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has pain 9 out of 10 without medications and 7 out of 10 with medications. Physical exam was remarkable for hernia of the right testicle with moderate muscle spasms in the following areas: pubic and bilateral anterior pelvis and hip. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Arthrotec 50mg, #90 is not medically necessary.