

<b>Case Number:</b>	CM15-0204885		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, Texas

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 49 year old female, who sustained an industrial injury on 6-11-2014. The injured worker was diagnosed as having rule out malleolar fracture, bilateral knee degenerative joint disease and pain, rule out internal derangement, bilateral hand and wrist degenerative joint disease with left hand ganglion cyst, lumbar spine myofascial pain syndrome- degenerative disc disease, morbid obesity, nonsteroidal anti-inflammatory drug induced gastritis with history of peptic ulcer disease, insomnia, left lateral epicondylitis, cervicobrachialplexopathy of the left upper extremity, and a history of gastric bypass. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, ultrasound therapy, massage therapy, and medications. Currently (9-29-2015), the injured worker complains of pain in her bilateral hands (right hand average 8 out of 10 and left average of 10 out of 10), back pain (rated 10 out of 10 on average), and bilateral knee pain (rated 7-8 out of 10 on average). Gastrointestinal complaints were not noted in the subjective report on 9-29-2015. Current medication use included Ibuprofen and no allergies were documented. Physical exam noted weakness and numbness in the left upper extremity and trigger point at the left trapezius. An abdominal exam was not included with objective findings on 9-29-2015. The treatment plan included her discontinuing all nonsteroidal anti-inflammatory drug medication and "initiate aggressive treatment for gastritis". Her work status was modified, total temporary disability if unavailable. The treatment plan included Misoprostol 100mcg #60, non-certified by Utilization Review on 10-09-2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Misoprostol 100mcg #60, no refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information, Misoprostol.

**Decision rationale:** The MTUS is silent regarding the use of Misoprostol for NSAID induced gastritis. According to UptoDate.com, misoprostol is FDA approved for the prevention of NSAID-induced gastric ulcers. The patient has had a gastric bypass in the past. The documentation doesn't show that the patient is actively having any gastritis. The documentation does show that all NSAID analgesic medications will be discontinued. The request for Misoprostol is not medically necessary or made due to lack of documentation of active gastritis and the discontinuance of NSAID medication.