MAXIMUS Federal Services

Case Number:	CM15-0219710		
Date Assigned:	11/12/2015	Date of Injury:	10/27/2003
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on October 27, 2003. She suffered multiple work injuries involving her neck and bilateral upper extremities. The injured worker was currently diagnosed as having cervicalgia, radiculopathy cervical spine, spinal stenosis in cervical region, anxiety, left volar wrist ganglion cyst with FCR tenosynovitis, cervical arthrosis-radiculopathy, trapezial paracervical and parascapular strain, bilateral shoulder impingement, right thumb IP arthrosis-mucous cyst, extensor tenosynovitis right long finger, left cubital tunnel syndrome, left radial tunnel syndrome, bilateral forearm tendinitis, left thumb flexor tenosynovitis and status post multiple upper extremity surgeries. Treatment to date has included medication, diagnostic studies, injection, physical therapy and surgery. On October 2, 2015, physical examination revealed decreased range of cervical spine range of motion with pain. There was slight trapezial and paracervical tenderness. Spurling's test was positive on the right and impingement sign was equivocal at the shoulders bilaterally. There was a 1 centimeter cystic mass over the volar radial aspect of the left wrist that had slight tenderness. There was slight swelling and tenderness along the FCR tendon sheath at the left wrist and slight thumb CMC tenderness bilaterally. Notes stated that she had not received authorization for the Arthrotec that she had been taking for over 15 years to relieve her symptoms. The treatment plan included excision of left volar wrist ganglion cyst with FCR tenosynovectomy, Arthrotec 75mg, Menthoderm gel, work restrictions and a follow-up visit. On October 26, 2015, utilization review denied a request for Arthrotec 75mg for 6 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Arthrotec 75mg for 6 month supply: Upheld

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

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

Decision rationale: The claimant has a remote history of a repetitive motion injury to the neck and bilateral upper extremities with date of injury in October 2003. Her surgical history includes a right cubital tunnel release in January 2007, a radial tunnel release and release of trigger fingers in April 2009, right shoulder arthroscopic surgery in June 2010, a right deQuervain's release in November 2010, and a left deQuervain's release in March 2012. She underwent cervical epidural injections in December 2014 and January 2015. In April 2015, medications included Arthrotec, which she had been taking for more than 10 years. She underwent a lumbar decompression and fusion in June 2015. In August 2015, Menthoderm gel was being prescribed. When seen in October 2015 left wrist surgery had been recommended. Physical examination findings included decreased and painful cervical spine range of motion with slight paracervical and trapezius tenderness. There was decreased right upper extremity sensation with positive Spurling's testing. Bilateral shoulder impingement testing was equivocal. There was a slightly tender left wrist mass with slight swelling. There was slight thumb carpometacarpal joint tenderness bilaterally. Authorization is being requested for Arthrotec with a 6 month supply. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is now over age 65. In this clinical scenario guidelines recommend prescribing either a selective NSAID or a nonselective NSAID with a gastro-protective medication. Prescribing Arthrotec without a gastro-protective medication is not recommended and providing a 6 month supply would potentially place the claimant at significant risk for a gastrointestinal event due to long term use. For these reasons, the request is not medically necessary.