

Case Number:	CM15-0089616		
Date Assigned:	05/13/2015	Date of Injury:	01/24/1995
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 65 year old female, who sustained an industrial injury to the low back on 01/24/1995. Documented treatments and diagnostic testing to date has included conservative care, medications, and pain pump implant. Currently, the injured worker complains of constant and intermittent back pain rated 7-9/10 and described as sharp, throbbing, burning, electricity and pins/needles. Pertinent objective findings include tenderness to palpation of the paraspinal lumbar area, and decreased range of motion in all planes. Current medications include OxyContin, Amitiza, Cymbalta DR, Arthrotec, and Prilosec OTC. Relevant diagnoses include lumbosacral spondylosis, unspecified myalgia/myositis, chronic pain syndrome, degenerative disc disease in the lumbar spine, opioid type dependence, and reflex sympathetic dystrophy. The treatment plan consisted of purchase of diclo/misopr 75-0.2 mg #60 (d/s) with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Diclo/Misopr 75-0.2mg #60 (d/s 30) with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for diclofenac/misoprostol, this is noted to be a combination medication including an NSAID and a medication to prevent/treat GI complications such as ulcers secondary to NSAID use. Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. GI protective agents are supported for patients with a history of dyspepsia secondary to NSAID use or with risk factors for the development of such conditions such as age greater than 65. Within the documentation available for review, the patient is noted to be 65 years of age. However, as with any medication, ongoing use is supported only in the presence of efficacy and continued need. This patient is utilizing a pain pump and multiple pain medications in addition to the currently requested medication and there is no clear indication of quantified pain relief, objective functional improvement, etc., from use of this medication. In the absence of such documentation, the currently requested diclofenac/misoprostol is not medically necessary.