MAXIMUS Federal Services

Case Number:	CM13-0062628		
Date Assigned:	05/05/2014	Date of Injury:	08/28/2008
Decision Date:	07/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 47 year old patient with a 08/28/2008 date of injury. She was pushing a motorcycle backwards into the garage when she felt an acute onset of neck, upper back, and lower back pain. She was diagnosed with right thoracic and rhomboid strain/sprain. On a 02/03/2014 progress report it was noted that the patient received Naprosyn, Flexeril, Tramadol and Skelaxin on 11/15/13. It was also noted that on 01/07/2014, the patient indicated that physical therapy was not effective, while the anti-inflammatory medication made her pain better. The patient was noted to have upper back and scapular pain. Occasionally she experienced numbness and tingling in the hands, also constant pain in lower back that extended in the legs. The patient stated that she had some difficulty with pushing, pulling, reaching overhead, and was unable to sit for 2 hours. Physical exam showed tenderness at the base of the neck and anteriorly at Erb's point. Spurling's maneuver elicited neck and right scapular pain. An MRI of the C-spine performed on 10/22/09 revealed degenerative changes at C5-6 with bulging, osteopathy, and moderate bilateral foraminal stenosis. Treatment to date has included injection (unspecified), medications, physical therapy, stretching, and massage. There is documentation of a previous 11/27/2013 adverse determination, based on the fact that there was no rationale given for the use of this medication in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOLENAC-MISOPROSTOL TBEC 50-0.2MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71.

Decision rationale: The MTUS Chronic Pain Guidelines state that Arthrotec is a combination of an NSAID (diclofenac), and misoprostol, a prostaglandin E1 inhibitor, which inhibits acid secretion in the gastric mucosa. Per the MTUS Chronic Pain Guidelines it can be used from chronic NSAID GI ulcer protection or prophylaxis, and chronic constipation. This medication however is also used for cervical ripening in pregnancy as it can produce uterine contractions, as well as early termination of pregnancy. Hence, this medication should not be used as a pain reliever in women who are pregnant or who could possibly be pregnant. The patient presented with low back pain. She has been on Naprosyn, an NSAID, chronically; thus there is no clear indication for the addition of another NSAID as this medication combines an NSAID with a prostaglandin inhibitor. In addition, there was no information regarding a prescription for Diclofenac-Misoprostol50-0.2MG #60 as well as the fact that the patient is noted to be a female and her pregnancy status is not known. Therefore, the request is not medically necessary,