

Case Number:	CM15-0079851		
Date Assigned:	04/30/2015	Date of Injury:	11/13/2013
Decision Date:	06/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 11/13/2013. She reported pain in her chest wall and upper mid back while pushing stacks of tubs, with initial diagnosis of chest was sprain/strain. The injured worker was diagnosed as having chronic pain due to trauma and long term use of nonsteroidal anti-inflammatory drug. Treatment to date has included diagnostics, physical therapy, chiropractic, local injections in the upper thoracic spine, and medications. The progress report dated 1/02/2015, noted the use of Ibuprofen (1000ng 2-3 times daily) and complaints of dyspepsia and dark stools. The progress report dated 2/02/2015, noted medications as including Diclofenac/Misoprostal (started 1/05/2015). No gastrointestinal symptoms were noted. Currently, the injured worker complains of upper back and chest pain. Pain was rated 2/10 with medications and 5/10 without, with an average pain level of 3/10 in the last month. Negative gastrointestinal exam was noted. Current medications included Acetaminophen and Diclofenac/Misoprostal. Use of a transcutaneous electrical nerve stimulation unit was also noted. She was currently working and performing yoga. Her work status was permanent and stationary. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium Misoprostol 50mg-200mcg #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac sodium misoprotol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: This request is for a combination NSAID and gastric prophylactic agent (Misoprostol, a prostaglandin). While MTUS supports NSAIDs as first-line for chronic pain, MTUS recommends use of gastric prophylactic agents specifically if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; thus the Misoprostol component of this request is not supported by the records and guidelines and therefore the overall request is not medically necessary.