

<b>Case Number:</b>	CM13-0028568		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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 physician 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.

### 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 patient is a 36 year old male who reported an injury on June 10, 2009. The mechanism of injury was a kick to the ribs by another employee. The patient initially complained of pain to the right chest wall that developed into neck, upper back and low back pain with numbness and tingling in his fingers and radiating pain into his lower extremities. The patient continued to complain of pain. The clinical documentation dated September 5, 2013 stated the patient was seen for a follow-up visit where he stated he had no acute changes in pain. The patient complained of pain to his neck as well as upper extremity pain and lower extremity pain. The patient had an electromyogram (EMG) done which was a normal study. The patient noted that taking Zipsor reduced the pain in his head. The patient stated he continued to have facial numbness and bilateral lower extremity pain. The clinical documentation submitted for review dated October 31, 2013 stated the patient complained of back pain and that his medication helped to take the edge off but did not alleviate his pain. The patient received an MRI of the brain which was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor (diclofenac) 25 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2013 Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-73.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend NSAIDs for neuropathic pain. The guidelines state there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The guidelines recommended NSAIDs as an option for short-term symptomatic relief. The clinical documentation submitted for review dated September 5, 2013 stated that the patient's pain complaints are chronic in nature. As the guidelines do not recommend the use of NSAIDs for chronic neuropathic pain, the submitted request is non-certified.