

<b>Case Number:</b>	CM13-0041823		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/19/2006
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. 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:

The claimant presents with low back pain following a work related injury on 10/09/2006. MRI reveals L5-S1 disc herniation to the left and some segmental stenosis at 4-5 as well as several levels of degenerative disc disease. The claimant is status post laminectomy and discectomy on 1/19/2010 followed by decompression and fusion at L5-S1 in March 2011. The claimant also had epidural steroid injections with short term benefit followed by a spinal stimulator. The electrodiagnostic study revealed minimal evidence of nerve root irritation and there was some evidence of peripheral neuropathy. The claimant's medications included Gabapentin, Morphine and Dilaudid. A claim was made for Zipsor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25mg #120:** 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 NSAIDs Page(s): 67.

**Decision rationale:** Zipsor 25 mg is an NSAID. Zipsor is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the

shortest period in patients with moderate to severe pain so as to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time or any previous use of NSAIDs. Additionally, there is no diagnosis of osteoarthritis. The medication is therefore not medically necessary