

Case Number:	CM13-0058193		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2009
Decision Date:	04/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice 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 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:

The patient is a 36-year-old male who reported an injury on 06/10/2009. The mechanism of injury was an assault. The patient has been treated with epidural steroid injections, physical therapy, and medication. The patient continued to have ongoing chronic neck and low back pain. The physical examination revealed tenderness to palpation over the cervical spine. There was decreased range of motion of the lumbar spine. The patient was noted to have been treated with Relafen and naproxen. The patient was recommended Zipsor 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZIPSOR 25MG: 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): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short term symptomatic relief of low back pain. This patient complained of pain to the neck, low back and headaches; however, the clinical documentation submitted for review states that the patient has been using the

medication for at least 5 months. The guidelines recommend short term use of NSAIDs. There is a lack of documentation to support a deviation from guideline criteria. Therefore, the requested Zipsor is not medically necessary or appropriate.