

Case Number:	CM13-0069612		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2010
Decision Date:	08/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and elbow pain reportedly associated with an industrial injury of September 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and apparent return to work as a mechanic. In a Utilization Review Report dated December 11, 2013, the claims administrator approved a request for ConZip (tramadol) while denying a request for Zipsor (Diclofenac). The claims administrator apparently based this denial on cost, stating that generic Diclofenac was far more cost effective. The claims administrator did note that the applicant had apparently earlier completed a functional restoration program and weaned off of opioids with the aid of Suboxone. The claims administrator also apparently took exception with the dosage of Zipsor being furnished to the applicant, stating that a lower dosage could be employed. The applicant's attorney subsequently appealed. A May 9, 2014, progress note is notable for comments that the applicant was doing clerical work at [REDACTED]. The applicant was taking ConZip for pain relief and also using Zipsor, it was further noted. ConZip was renewed. In an earlier note of December 23, 2013, the attending provider stated that Zipsor was allowing the applicant to continue working and staying productive. 6/10 pain was reported. On November 25, 2013, it was stated that the applicant had apparently become addicted to opioids following a traumatic motor vehicle accident. The applicant was using Suboxone to try and wean himself off of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZIPSOR (DICLOFENEC POTASSIUM) 25 MG, # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=fa385cd1-11ad8b-0800200c9a66#nlm34067-9>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Zipsor Medication Guide.

Decision rationale: As noted on page 22 of the MTUS Chronic Medical Treatment Guidelines, anti-inflammatory medications such as Zipsor (Diclofenac) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. It is further noted that the National Library of Medicine (NLM) does support Zipsor dosing at a rate of up to four times daily, although the NLM does qualify the recommendation by noting that the lowest effective dose for the shortest duration should be employed so as to achieve treatment goals. Thus, the dosing of Zipsor suggested by the attending provider does conform to National Library of Medicine parameters. Finally, page 7 of the MTUS Chronic Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of both cost and efficacy of medication into his choice of recommendation. In this case, the applicant's successful usage of Zipsor as evinced by diminishing pain levels and successful return to work as mechanic at PG&E outweigh the elevated cost associated with this brand name formulation of Diclofenac. For all of the stated reasons, the request is medically necessary.