

<b>Case Number:</b>	CM14-0115926		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/23/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 62 year old female who was injured on 07/26/2004. The mechanism of injury is unknown. Prior medication history included Cymbalta, Senekot, ibuprofen, Prilosec, and Suboxone. Prior treatment history has included physical therapy. Progress report dated 10/09/2013 states the patient complained of neck and back pain, bilateral shoulder pain, rated as 10/10. She reported her medications are helpful. Objective findings on exam revealed tenderness of the paraspinals with decreased range of motion. The patient is diagnosed with neck sprain/strain. The patient was instructed to continue with promethazine, Cymbalta, and ibuprofen. There are no other records provided documented efficacy of these medications. Prior utilization review dated 07/23/2014 states the request for Zipsor 25mg, #60 is denied as medical necessity has not been established; Reflafen 500mg #60, and Lidoderm Patches 5% #60 is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATIONS Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS.

**Decision rationale:** Zipsor is NSAIDs and as per CA MTUS guidelines, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain due to risk of side effects such as GI upset or ulcers. In this case, this patient has chronic neuropathic pain and has been prescribed this medication chronically. However, there are no updated records submitted regarding the efficacy of this medication. Additionally, there is no clinical rationale submitted why the patient has been prescribed two NSAIDs (Zipsor and Relafen) at the same time. Hence the request for Zipsor is not medically necessary and appropriate.

**Relafen 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATIONS Page(s): 22.

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

**Decision rationale:** Relafen is NSAIDs and as per CA MTUS guidelines, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain due to risk of side effects such as GI upset or ulcers. In this case, this patient has chronic neuropathic pain and has been prescribed this medication chronically. However, there are no updated records submitted regarding the efficacy of this medication. Additionally, there is no clinical rationale submitted why the patient has been prescribed two NSAIDs (Zipsor and Relafen) at the same time. Hence the request for Relafen is not medically necessary and appropriate.

**Lidoderm Patches 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

**Decision rationale:** As per CA MTUS guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, this patient has chronic neuropathic pain. A supplemental report dated 10/10/2013 indicates that the patient has been treated with first line agent (Gralise). Additionally, there is documentation that the prior usage resulted in improved function by 50%. However, there are no updated records submitted regarding the efficacy of this medication and hence the request is not medically necessary.