

Case Number:	CM14-0119421		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2011
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 50 year old male who reported an injury on 06/01/2011. The mechanism of injury was not indicated. His diagnoses included knee pain and lower back pain with radiculitis. His past treatment included medications, injections into the left knee, and chiropractic care. The injured workers diagnostic exams included an X-ray and MRI of the lumbar spine and bilateral knees. His surgical history included a procedure to his bilateral knees between 07/2012-09/2013. On 06/25/2014, he complained of lower backache and bilateral knee pain. The injured worker rated his pain 4/10 with medications and 8/10 without medications. The physical exam revealed a slow gait, tenderness to the paravertebral muscles upon palpation, hyper tonicity to the left side and positive lumbar facet loading to the bilateral spine. An exam of the left knee revealed restricted range of motion, tenderness to palpation over the lateral/medial joint line, and a positive Murrays test. His medications included Neurontin, Norco, Ibuprofen, and Ativan. The treatment plan encompassed the increased dosage of his Norco to every day; three times a day, the start of Zipsor 25 mg #120 and the discontinuation of Ibuprofen 800mg. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg QTy: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 23 & 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for Zipsor 45mg #120 is recommended at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain; including knee and hip pain. The California MTUS guidelines note NSAID's appear to be superior, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. For the indication of low back pain NSAIDS are recommended as an option for short-term symptomatic relief. Based on the clinical notes the injured worker complained of knee pain that was constant and rated 8/10, which would be classified as moderate/severe and low back pain which he rated 8/10 without medications, which would be classified as moderate/severe. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Consequently, the request for Zipsor 25mg #120 is not medically necessary.