

Case Number:	CM14-0159858		
Date Assigned:	10/03/2014	Date of Injury:	09/08/2006
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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 56 year old with an injury date on 9/8/06. Patient complains of continuing right shoulder pain with numbness in arm to fingers per 8/20/14 report. Patient has limited function and range of motion of shoulder and reports shaking at times per 8/20/14 report. Based on the 8/20/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder neuropathic pain 2. Right shoulder AC joint dysfunction 3. Right biceps tendonitis Exam on 8/20/14 showed "right shoulder range of motion limited to 50% of normal. Strength 3/5 in upper extremities." Patient's treatment history includes TENS unit, ESWT, Motrin AM-PM for pain control. [REDACTED] is requesting decision for Zipsor. The utilization review determination being challenged is dated 9/4/14 and denies request as patient is already taking Ibuprofen. [REDACTED] is the requesting provider, and he provided treatment reports from 1/30/14 to 8/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor (unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 6.

Decision rationale: This patient presents with right shoulder pain, arm to finger numbness. The treater has asked for decision for Zipsor on 8/20/14. Review of the reports does not show any evidence of Zipsor being taken in the past. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic shoulder pain and a trial of Zipsor is indicated. The requested decision for Zipsor appears medically appropriate in this case. The request is medically necessary.