

Case Number:	CM14-0168965		
Date Assigned:	10/17/2014	Date of Injury:	09/17/2009
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain 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:

This is a patient with a date of injury of 9/17/09. A utilization review determination dated 9/15/14 recommends non-certification of Zipsor. 9/26/14 medical report identifies left shoulder and neck pain 8/10. Taking Vicodin 2 tabs QD, Vistaril 1 tab QHS, and Zipsor PRN. Meds decrease pain from 10/10 to 7/10, allow for independent ADLs and improve sleep with no side effects. On exam, there is decreased painful ROM and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg, 2 tabs QD #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/zipsor.html>

Decision rationale: Regarding the request for Zipsor, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Specific to Zipsor, it is noted that FDA indications are relief of mild to moderate acute pain. Within the documentation available for review, the patient

is taking this medication p.r.n., while other pain medications are being utilized multiple times per day and there is no specific documentation that Zipsor is providing pain relief and functional improvement compared to the other pain medication. Furthermore, it is indicated only for acute pain, which has not been identified in this patient with a chronic injury. In light of the above issues, the currently requested Zipsor is not medically necessary.