

<b>Case Number:</b>	CM14-0175942		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 injured worker is a 56-year-old female who reported an injury on 11/01/2001. Reportedly, the injured worker, who works for the [REDACTED] as an investigator, has had chronic keyboard related neck and upper extremity related RSD issues since initial CT injury. The injured worker's treatment history included manual medicine therapies such as chiropractic and physical therapy for episodic flare ups, and medications. The injured worker was evaluated on 10/10/2014, and it is documented the injured worker was off of work from May to August due to a nonindustrial knee surgery. She had a lot of arm pain upon returning to work, but the injured worker stated she was beginning to readjust. She continued to be under high pressure situations at work, with respect to work volume. Her production was actually being monitored now. She had most of her pain in the bilateral distal wrists/hand/joints and lateral epicondylar areas. She was wearing a compression glove for support at work. Physical examination revealed that the right upper extremity had normal bulk and tone. The left upper extremity had normal bulk and tone. The right lower extremity had normal bulk. The left lower extremity had normal bulk. Medications included acetaminophen/codeine 300 mg and Zipsor 25 mg. Diagnoses included carpal tunnel syndrome bilateral, rotator cuff shoulder syndrome and allied disorders, tendinitis of the flexor carpi radialis, and medial epicondylitis. The Request for Authorization, dated 10/10/2014 was for Zipsor 25 mg #120 with 4 refills and Acetaminophen/Codeine 300/30 mg #75.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25mg #120 with 4 refills.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Medication; Zipsor

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

**Decision rationale:** The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Diclofenac Sodium/Zipsor is used as a second line treatment after Acetaminophen; there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute LBP (low back pain). For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that Acetaminophen has fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Zipsor for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Zipsor taken by the injured worker. The request for Zipsor did not include the frequency, or duration. The request for Zipsor 25mg #120 with 4 refills is not medically necessary.

**Acetaminophen/Codeine 300/30mg #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Codeine (Tylenol with Codeine) Page(s): 78, 92.

**Decision rationale:** The requested service is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. As such, the request for Acetaminophen/Codeine 300/30mg #75 is not medically necessary.

