

Case Number:	CM14-0054892		
Date Assigned:	07/07/2014	Date of Injury:	02/26/2003
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 injured worker is a 48-year-old female with a reported date of injury on 02/26/2003. The mechanism of injury was not provided within the documentation available for review. Her diagnosis included postlaminectomy syndrome, lumbar region. Previous treatments include physical therapy, TENS unit, heat, ice, rest, and activity modification. Previous diagnostic studies include lumbar spine MRI. The injured worker has a history of discectomy in 2005. Upon physical examination, the lumbar spine revealed range of motion to 90 degrees, with flexion associated with increased pain, extension to 40 degrees, oblique extension to 30 degrees, and rotation to 65 degrees. In addition, the injured worker presented with a positive right straight leg raise. The injured worker's medications regimen included fentanyl, Norco, Tizanidine, and Zipsor. The physician indicated the Zipsor was helping in reducing the injured worker's pain. Request for authorization for Zipsor 25 mg, quantity 60, was submitted on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 & 71.

Decision rationale: The CA MTUS guidelines recommend nonsteroidal anti-inflammatories are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Diclofenac potassium is recommended for osteoarthritis, and ankylosing spondylitis. There is a lack of documentation of the injured worker having osteoarthritis or ankylosing spondylitis. The injured worker rates her pain at 7/10. There is a lack of documentation related to therapeutic and functional benefit in the use of Zipsor. In addition, the guidelines recommend Zipsor for osteoarthritis and ankylosing spondylitis. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Zipsor 25 mg quantity 60 is not medically necessary.