

Case Number:	CM14-0058450		
Date Assigned:	07/09/2014	Date of Injury:	09/22/1999
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 & 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:

According to the records made available for review, this is a 57-year-old female with a 9/22/99 date of injury. At the time (4/16/14) of request for authorization for 1 Medication review for Zipsor 25mg #90, as an outpatient for low back injury, there is documentation of subjective (chronic neck and low back symptoms) and objective (improved gait) findings, current diagnoses (spondylosis of the cervical and lumbar spine), and treatment to date (ongoing therapy with Zipsor with pain relief, improved VAS score, and improved sleep and walking ability; and Ibuprofen). In addition, medical report identifies that Zipsor is providing better pain relief than Ibuprofen. There is no documentation that Zipsor is being used for the shortest duration possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication review for Zipsor 25mg #90 x2, as an outpatient for low back injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Anti-Inflammatories; Diclofenac Potassium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zipsor (diclofenac potassium liquid-filled capsules).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Zipsor (Diclofenac Potassium liquid-filled capsules) is not recommended as first line therapy due to increased risk profile and should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Within the medical information available for review, there is documentation of diagnoses of spondylosis of the cervical and lumbar spine. In addition, there is documentation of chronic low back pain. Furthermore, given documentation that Zipsor is providing better pain relief than Ibuprofen, there is documentation that Zipsor is not being used as first line therapy. Lastly, given documentation of treatment with Zipsor resulting in pain relief, improved VAS score, and improved sleep and walking ability, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Zipsor. However, given documentation of ongoing treatment with Zipsor, there is no documentation that Zipsor is being used for the shortest duration possible. Therefore, based on guidelines and a review of the evidence, the request for medication review for Zipsor 25mg #90 x2, as an outpatient for low back injury is not medically necessary.