

<b>Case Number:</b>	CM15-0166654		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 10-21-2011. He was in a motor vehicle accident. He has reported neck pain and headaches and has been diagnosed with cervical IVD displacement without myelopathy and C5-C6 radiculopathy, right upper extremity. Treatment has included injections, acupuncture, physical therapy, TENS, and medications. There were severe cervical muscle spasms. There was a positive cervical compression test and a positive maximal foraminal compression. There was loss of sensation in the C5-C6 nerve distribution. The treatment plan included physical therapy and an IFC unit. The treatment request included Zipsor 25 mg # 8 for the cervical spine. The patient has had history of HTN. The medication list include Ibuprofen, gabapentin, Zanaflex and Tramadol. On review of system patient had complaints of heart burn in past. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25 mg #8 for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Request: Zipsor 25 mg #8 for the cervical spine. Zipsor contains Diclofenac which is a non-steroidal anti-inflammatory drug (NSAID). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain. He was in a motor vehicle accident. He has reported neck pain and headaches and has been diagnosed with cervical IVD displacement without myelopathy and C5-C6 radiculopathy, right upper extremity. There were severe cervical muscle spasms. There was a positive cervical compression test and a positive maximal foraminal compression. There was loss of sensation in the C5-C6 nerve distribution. NSAIDS like Diclofenac are first line treatments to reduce pain. Zipsor 25 mg #8 for the cervical spine use is deemed medically appropriate and necessary in this patient.