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| Case Number: | CM15-0189232 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 01/18/2012 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 01-18-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for myofascial pain syndrome, cervical radiculopathy, prolapsed cervical disc, and neck pain. Medical records (03-18-2015 to 08-21-2015) indicate improved neck pain after undergoing a cervical epidural steroid injection (CESI) on 06-23-2015. On 03-18-2015, pain levels were rated at 7-8 out of 10 on a visual analog scale (VAS) on bad days. By 08-21-2015, the IW reported no neck pain. Records also indicate improved activity levels and level of function. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The PR, dated 08-21-2015, reported new onset of pain (4 out of 10) in the right shoulder area and trapezius pain with weakness in the shoulder, and the and physical exam revealed decreased cervical range of motion (ROM) by 80%, no axial loading, no Spurling's or Adison's sign, abnormal muscle tone with knots in the trapezius, scalene, supraspinatus, infraspinatus, teres, rhomboids, pectoralis and upper quadrant muscle groups, normal shoulder ROM, and slightly decreased ROM in the right wrist with a larger firm mass along dorsum of the right wrist. Relevant treatments have included CESI, physical therapy (PT) with "good functional and pain improvement", acupuncture, work restrictions, and pain medications. There was no noted history of the prescribing of Zipsor. The request for authorization (08-21-2015) shows that the following medication was requested: Zipsor 25mg #90. The original utilization review (08-28-2015) non-certified the request for Zipsor 25mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg #90 (per 8/21/15 order): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Zipsor 25mg #90 (per 8/21/15 order) is not medically necessary or appropriate.