

Case Number:	CM15-0197274		
Date Assigned:	10/12/2015	Date of Injury:	11/26/2012
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, with a reported date of injury of 11-28-2012. The diagnoses include lumbosacral intervertebral disc degeneration and lumbar intervertebral disc degeneration. Treatments and evaluation to date have included physical therapy, a TENS unit, acupuncture, home exercise program, a walking program, [REDACTED] program, Gabapentin, Ibuprofen, Tizanidine, Cymbalta, and Aleve. The diagnostic studies to date have included an MRI of the brain on 06-09-2014 which showed mild periventricular white matter high signal foci; an MRI of the lumbar spine on 11-18-2013 which showed small right-sided disc protrusion at L5-S1; electrodiagnostic study on 11-08-2013 which showed evidence of severe S1 radiculopathy on the left, peroneal nerve entrapment across the fibular head and suggest abnormality; and an MRI of the left hip and sacroiliac joint on 08-30-2013 which showed small diffuse disc protrusion to the right subarticular zone, mild stress-related swelling in both sacral ala, mild bony spurring of the superolateral margin left acetabulum without any labral tear, mild superficial bursitis over the greater trochanters in both hips, and mild semimembranosus tendinosis at the left ischial tuberosity attachment. The medical report dated 09-17-2015 indicates that the injured worker had left-sided low back pain, with cramping, numbness, sharp, shooting, stabbing, and tingling in both feet. The pain was associated with left lower extremity weakness, numbness in the left lower extremity, tingling in the left lower extremity, spasms, and heaviness of the legs. The pain interfered with the injured worker's sleep. The injured worker's pain rating was not indicated. On 08-20-2015, it was noted that the injured worker complained of pain in her lower back, left buttock, groin, hip, left knee, and lower extremity. The pain was rated 7 out of 10. The physical examination showed impaired heel-to-shin movement

impairment in the bilateral lower extremities; spastic gait; dystonia; negative straight leg raise test; left inverted dystonic ankle; and normal posture. The injured worker's work status was not indicated. The treating physician requested Zipsor 25mg #120. On 09-30-2015, Utilization Review (UR) non-certified the request for Zipsor 25mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor or 25mg take 1 tab QID as needed #120, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac.

Decision rationale: This claimant was injured three years ago. This is a request for Zipsor, which is Diclofenac. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Also, regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. It is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.