

Case Number:	CM15-0199193		
Date Assigned:	10/14/2015	Date of Injury:	10/10/2011
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
 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 48 year old male, who sustained an industrial injury on 10-10-2011. The injured worker is being treated for post lumbar laminectomy syndrome, radiculopathy, lumbar degenerative disc disease, low back pain and spasm of muscle. Treatment to date has included diagnostics and medication management. Per the Primary Treating Physician's Progress Report dated 9-01-2015 the injured worker reported lower backache rated as 6 out of 10 and 8 out of 10 without medications. There are no new problems or side effects. Activity level is the same. He is taking medications as prescribed and states that medications are working well with no side effects noted. No medication abuse is suspected. Current medications include Norco, Soma, Oxycodone, Carisoprodol and Hydrocodone-APAP. Objective findings of the lumbar spine included restricted range of motion with flexion limited to 60 degrees by pain and extension limited to 10 degrees. There was paravertebral muscle tenderness and tight muscle band noted upon palpation. Work status was permanent and stationary. Medications as of 6-23-2015 included Carisoprodol and Hydrocodone-APAP. Medications as of 2-12-2015 included Gabapentin and Soma. Norco was prescribed on this date. Urine drug screen dated 6-23-2015 detected ethyl sulfate and ethyl glucuronide (ethyl alcohol) and was otherwise consistent for prescribed medications. The plan of care on 9-01-2015 included medications and continuation of home exercise. Authorization was requested on 9-04-2015 for Oxycodone 15mg #60, and Zipsor 25mg capsule samples. On 9-14-2015, Utilization Review non-certified the request for Oxycodone 15mg #60 and Zipsor capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg capsule samples: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zipsor.

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

Decision rationale: This independent medical review is regarding the medication Zipsor (Diclofenac potassium.) Diclofenac is an NSAID medication. In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Zipsor is not medically necessary.

Oxycodone HCL 15mg 1 tab twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.