

<b>Case Number:</b>	CM14-0145524		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old female with a 5/12/08 date of injury. At the time (8/21/14) of the Decision for Zipsor 25mg, there is documentation of subjective (neck, back, right elbow, and right wrist pain) and objective (lumbar spine spasms, positive left straight leg raise, and diminished left patellar deep tendon reflex) findings, current diagnoses (cervical pain, cervical myofascitis, reactive fibromyalgia, and lumbar strain), and treatment to date (medications (including ongoing treatment with Cymbalta, Methadone, Gralise, and Zipsor)). Medical report identifies that without medication it is difficult to sit or walk. There is no documentation 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 as a result of Zipsor use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**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

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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. Within the medical information available for review, there is documentation of diagnoses of cervical pain, cervical myofascitis, reactive fibromyalgia, and lumbar strain. In addition, there is documentation of ongoing treatment with Zipsor for pain. However, despite documentation that without medication it is difficult to sit or walk, there is no (clear) documentation 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 as a result of Zipsor use to date. Therefore, based on guidelines and a review of the evidence, the request for Zipsor 25mg is not medically necessary.