

<b>Case Number:</b>	CM14-0147940		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 48 y/o female who sustained an industrial injury on 07/09/2011. She injured her low back and hyperextended her right knee while writing a report. Her diagnoses include low back pain, lumbar facet syndrome and right knee pain. She is s/p right knee surgery. She continues to complain of low back pain with numbness, tingling and weakness of the legs. On physical exam she has decreased range of motion of the lumbar spine with increased restriction with flexion. Lumbar facet loading is positive on both sides. Motor and sensory exams are normal. There is full range of motion of the right knee with pain. Treatment has included medical therapy, surgery, physical therapy, and radiofrequency neurotomy. The treating provider has requested Zipsor 25mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zipsor 25mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The requested medication, Zipsor is medically necessary for the treatment of the claimant's pain condition. Zipsor is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has chronic low back and knee pain and the medication has proved beneficial for pain control. Medical necessity for the requested item has been established.