

Case Number:	CM15-0123352		
Date Assigned:	07/08/2015	Date of Injury:	02/26/2010
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male, who sustained an industrial injury on February 26, 2010. The injured worker was diagnosed as having right adhesive capsulitis, bilateral frozen shoulder, status right shoulder surgery X 2, myofascial pain syndrome and right shoulder strain. Treatment to date has included surgery, medication, acupuncture and home exercise program (HEP). A progress note dated June 5, 2015 provides the injured worker complains of back pain radiating to the legs. Physical exam notes decreased lumbar range of motion (ROM). The plan includes Norco, Zipsor and home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg up to 2xday: Upheld

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Zipsor (diclofenac potassium liquid-filled capsules) and Other Medical Treatment Guidelines <http://www.drugs.com/search.php?searchterm=zipsor>.

Decision rationale: Zipsor 25mg up to 2xday is not medically necessary per the ODG Guidelines and on online review of this medication. A review online indicates that Zipsor is diclofenac potassium liquid filled capsules. The ODG states that Zipsor is not recommend as diclofenac is not recommended as first line due to increased risk profile. The documentation indicates that the patient was on Naprosyn prior to Zipsor but that this was not effective. The guidelines do not support Zipsor due to increased side effects and furthermore the MTUS states that NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Zipsor cannot be supported as the ODG does not support this drug as first line, Naprosyn was not effective and the MTUS states that there is no evidence to recommend one drug in this class over another based on efficacy as well as the fact the request does not specify a quantity. For all of these reasons Zipsor is not medically necessary.