

Case Number:	CM15-0129160		
Date Assigned:	08/07/2015	Date of Injury:	12/24/2009
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on 12-24-09. He reported a right shoulder injury. The injured worker was diagnosed as having right shoulder rotator cuff injury status post-surgical repair, lumbosacral sprain-strain, and possible lumbosacral disc injury, lumbosacral facet arthropathy with foraminal stenosis, right shoulder sprain-strain injury and lumbosacral sprain-strain injury. Treatment to date has included right shoulder injury, transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Zipsor, Flexeril, Motrin, chiropractic treatment, acupuncture and activity restrictions. Currently on 5-19-15, the injured worker complains of continued flare up of pain and discomfort involving his low back and leg (he reports increased pain and discomfort), he also notes pain in the right shoulder. He is working full time. Physical exam performed on 5-19-15 revealed improvement in lumbosacral range of motion and normal motor strength in lower extremities. The treatment plan included continuation of Zipsor, Flexeril and Transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding Pain (updated 04/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Zipsor (diclofenac) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, leg, and right shoulder. These records did not include detailed pain assessments, an individualized risk assessment, or a detailed exploration of the potential negative effects. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Zipsor (diclofenac) 25mg is not medically necessary.