

Case Number:	CM15-0174223		
Date Assigned:	09/16/2015	Date of Injury:	01/31/2014
Decision Date:	10/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 01-31-2014. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for extremity pain and shoulder pain. Treatment and diagnostics to date has included use of medications. Current medications include Zipsor. MRI of the left elbow dated 11-12-2014 revealed moderate to high grade tearing of the deeper fibers of the common extensor tendon origin on a background of at least moderate tendinosis. In a progress note dated 08-13- 2015, the injured worker reported pain with medications as 6 on a scale of 1 to 10 and 10 out of 10 without medications and noted that Ibuprofen is ineffective for pain relief and Ultram is too sedating. Objective findings included "patient ambulates without a device. Gait of the patient is normal", tenderness to palpation over the lateral epicondyle of left elbow, and decreased light touch sensation over ring and little finger on the left side. The Utilization Review with a decision date of 08-27-2015 denied the request for Zipsor 25mg twice daily as needed #60 and approved the request for Gabapentin 300mg at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for chronic left elbow pain. In June 2015, ibuprofen and gabapentin were being prescribed. Ibuprofen was ineffective. Physical examination findings included a BMI of over 36. There was left lateral epicondyle tenderness and decreased left upper extremity sensation. A trial of Zipsor was started. There were no gastrointestinal issues. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Zipsor (diclofenac) is up to 150 mg per day. However, Zipsor is not a formulary first-line medication and the claimant has not failed a trial of generic oral diclofenac. The request was not medically necessary.