

Case Number:	CM15-0066504		
Date Assigned:	04/14/2015	Date of Injury:	11/10/2008
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on 11/10/2008. She reported a slip and fall, landing on her right knee. The injured worker was diagnosed as status post right knee arthroscopy. Post-operative magnetic resonance arthrogram showed degenerative joint disease and a meniscus tear. Treatment to date has included surgery, physical therapy, home exercise and medication management. In a progress note dated 2/26/2015, the injured worker complains of right knee pain. The treating physician is requesting Zipsor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg per 02/26/15 order. Quantity: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A ODG Workers - Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 11/10/2008. The medical records provided indicate the diagnosis of status post right knee arthroscopy. Post-operative magnetic resonance arthrogram showed degenerative joint disease and a meniscus tear. Treatment to date has included surgery, physical therapy, home exercise and medication management. The medical records provided for review do not indicate a medical necessity for Zipsor 25mg per 02/26/15 order. Quantity: 90.00. The MTUS recommends the use of the lowest dose of the non-steroidal anti-inflammatory drugs for the short term treatment of osteoarthritis. The records indicate the injured worker has been using NSAIDs since 2011, but with no overall improvement. Though the MTUS recommends the use of diclofenac, the MTUS states that different formulations of diclofenac are not necessarily bioequivalent. The Official Disability Guidelines does not recommend Zipsor as a first line agent; consequently it is classified as an "N" drug, meaning it requires utilization review, or proof of why it must be used rather than other medications.