

Case Number:	CM14-0112449		
Date Assigned:	08/01/2014	Date of Injury:	02/09/2011
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old male who reported an injury on 02/09/2011. The mechanism of injury was not stated. Current diagnoses include coronary artery disease and status post myocardial infarction. The latest physician progress report submitted for this review is documented on 06/03/2014. The injured worker was status post open heart surgery. The injured worker reported persistent and constant sternum pain following the surgical intervention. The physical examination revealed visible swelling in the lower part of the sternum with exquisite pain to light touch. Treatment recommendations included prescriptions for Zorvolex 35 mg and Elavil 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg three times a day, QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Although it is noted that the injured worker reported swelling and pain there was no documentation of a failure to respond to first line treatment with acetaminophen. The California MTUS Guidelines do not recommend long-term use of NSAIDs. Therefore, the current request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination, when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. There is no documentation of any previous unsuccessful return to work attempts. The medical necessity for the requested testing has not been established. As such, the request is not medically necessary.