

<b>Case Number:</b>	CM14-0158692		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 50-year-old female who sustained a work injury on 1-30-13. Office visit on 8-14-14 notes the claimant has decrease flexion at the 5th finger DIP with mild edema and hypersensitivity to touch. The claimant has a diagnosis of right 5th finger contusion with residual neuropathic sensitivity and mild decrease range of motion. The claimant also has lumbosacral muscle spasms, decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg tablet, qty 60 tablets, 0 refill, 30-day supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long-

term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.