

<b>Case Number:</b>	CM14-0159826		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 56-year-old male with a 9/8/06 date of injury. At the time (9/4/14) of the Decision for Prescription drug, brand name Zorvolex 18 milligrams and 35 milligrams for right shoulder pain, there is documentation of subjective (shoulder pain, insomnia, and waking up with pain) and objective (limitation of range of motion to 50% of normal, tenderness to palpation in the shoulder and cervical myofascial tissue) findings, current diagnoses (right shoulder neuropathic pain, right shoulder acromioclavicular joint dysfunction, and right biceps tendonitis), and treatment to date (medication including Ibuprofen). There is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug, brand name Zorvolex 18 milligrams and 35 milligrams for right shoulder pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zorvolex (diclofenac)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies Zorvolex is not recommended except as a second-line option. Within the medical information available for review, there is documentation of diagnoses of right shoulder neuropathic pain, right shoulder acromioclavicular joint dysfunction, and right biceps tendonitis. In addition, given documentation of treatment with Ibuprofen, there is documentation that Zorvolex is being used as a second-line option. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Prescription drug, brand name Zorvolex 18 milligrams and 35 milligrams for right shoulder pain is not medically necessary.